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FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
104th CONGRESS
JANUARY 1–DECEMBER 31, 1995
VOLUME 1 OF 3

United States Congressional Serial Set

Serial Number 14358

United States Government Printing Office
Washington : 1998

FINANCIAL DISCLOSURE REPORTS OF MEMBERS OF THE UNITED STATES HOUSE OF REPRESENTATIVES OF THE 104TH CONGRESS FOR THE PERIOD JANUARY 1, 1995 TO DECEMBER 31, 1995

COMMUNICATION

FROM

THE CLERK OF THE HOUSE OF REPRESENTATIVES

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 702(d)(1) AND RULE XLIV, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 2)

JULY 17, 1996.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

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U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1996

22-000

LETTER OF TRANSMITTAL

OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, July 17, 1996.

Hon. NEWT GINGRICH,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, § 103 *et seq.*), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 15, 1996, and includes the financial transactions as reported therein which occurred between January 1, 1995 and December 31, 1995.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

Sincerely yours,

ROBIN H. CARLE,
Clerk, U.S. House of Representatives.

ALPHABETICAL COMPILATION OF FINANCIAL DISCLOSURE REPORTS FILED BY MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES PURSUANT TO HOUSE RULE XLIV

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Neil Abercrombie
(Full Name)

1233 Longworth HOB, Washington DC 20515 — 225-2726
(Mailing Address) — Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Hawaii District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Neil Abercrombie

DATE (Month/Day/Year): 05/10/96

Name Neil Abercrombie

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Hawaii	LegislativePension	22,179.
	University of Hawaii	Spouse' Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Neil Abercrombie

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset											Block C: Type of Income						Block D: Amount of Income										Block E: Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
Jt	Coop Apt.,MakikiSt. Hono. HI			X										X									X						
	Accts at UH Credit Union		X												X						X								
	Accts at Congressional CreditU		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Neil Abercrombie

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
*	Charles Schwab IRA (formerly IDS AmExp Accts)			X									X			X					X								
*	IRA:IDS AmExpBalcor,PenInvLimPr		X										X						X										
*	(all funds so indicated are part of an IRA, the dividends are reinvested, the income is deferred)																												
	Tom Doherty Associates Inc. through J.de S. Associates		indefinite										book royalties										X						

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SCHEDULE IV — TRANSACTIONS

Name Neil Abercrombie

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	IRA:IDS AmExp/TSA 403B from HI DOE			X	5/13/95	X									
	IRA.IDS AmExp/Managed Ret. Fund			X	5/13/95	X									
	IRA:IDS AmExp Global Bond Fund			X	5/13/95	X									
	Charles Schwab IRA			X	5/13/95		X								

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Name Neil Abercrombie | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Vera Abercrombie	Mortgage/MakikiSt. Coop			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Offie+ProfessionalEmpInt.Union	6/17-6/19	WashDC-Seattle-Vancouver ~~Chicago-Wash DC~~	Y	Y	N	N
	Intl. Longshoremen's Assoc.	7/8-7/10	HI-OrlandoFla-WashDC	Y	Y	N	N
	James Campbell Estate Aloha United Way Event sponsor	10/7-10/10	WashDC-NYC-WashDC	Y	Y	Y	2
	Maritime Trades,AFL CIO	10/19-10/20	WashDC-NYC-SanFran-HI	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Boardmember	Asian Pacific American Caucus Institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
11/1/95	Neil Abercrombie/Richard Hoyt/TomDoherty and Associates / J. de S. Associates	Abercrombie and Hoyt as authors agreed to write a book, Tom Doherty and Associates agreed to publish same. J. de S. Associates agreed to act as authors agent.

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

NANCY L. JOHNSON, CONNECTICUT
CHAIRMAN

JIM BUNNING, KENTUCKY
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

THEODORE J. VAN DER MEID
CHIEF COUNSEL

ONE HUNDRED FOURTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

JIM McDERMOTT, WASHINGTON
RANKING DEMOCRATIC MEMBER

BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

SUITE HT-2, THE CAPITOL
(202) 225-7103

November 20, 1995

The Honorable Neil Abercrombie
U.S. House of Representatives
1233 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of November 17, 1995, requesting guidance from this Committee regarding a proposed book contract you propose to enter into with Tom Doherty Associates, Inc., a publisher. You have enclosed a copy of the contract with your letter.

The House rule limiting the amount of outside earned income for Members and certain staff specifically excludes "copyright royalties received from established publishers pursuant to usual and customary contractual terms." House Rule XLVII, clause 3(e)(5). Similarly, in construing the honoraria ban, the Committee has excluded from its prohibition payments pursuant to a written royalty agreement for a writing which has been or is intended to be published. *See* Committee notice of April 25, 1991, *reprinted in* ETHICS MANUAL FOR MEMBERS, OFFICERS, AND EMPLOYEES OF THE HOUSE OF REPRESENTATIVES, 102d Cong., 2d Sess. 149 (1992), construing 5 U.S.C. app. 7, §§ 501(b), 505(3); House Rule XLIII, clause 5; Rule XLVII, clause 1(a)(1)(B). Thus House rules do not limit the amount of royalty income. In addition, the Committee has determined that advances on royalties are also not subject to the outside earned income limitation if received from an established publisher pursuant to usual and customary contract terms.

The contract you submitted appears to contain usual and customary terms and, according to conversations with your Chief of Staff, your publisher has published several similar works of fiction in the past. Therefore, your publishing agreement complies with the Rules of the House of Representatives.

A further consideration in any book arrangement is the need to maintain absolute separation of official and unofficial activities. Under 31 U.S.C. § 1301(a), Government funds may be used only for the purposes appropriated. Other statutory provisions and regulations of the Committee on House Administration further emphasize that official resources, including staff time, may be used only for official business. *See generally* U.S. HOUSE OF REPRESENTATIVES CONGRESSIONAL HANDBOOK.

The Honorable Neil Abercrombie
November 20, 1995
Page 2

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Nancy L. Johnson
Chairman

Jim McDermott
Ranking Democratic Member

NLJ/JM:br

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995	Form A For use by Members, officers, and employees
Gary L. Ackerman (Full Name)	
2243 Rayburn (Mailing Address)	Daytime Telephone:
Washington DC 20515	202-225-2601

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 05	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Gary L. Ackerman

DATE (Month/Day/Year): 5-15-96

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pride of Judea Mental Health Center	Spouse compensation	N/A
	Spouse private practice	Spouse compensation	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Magellan	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	Fidelity Spartan NY Hi	$50,001 - $100,000	Capital Gains and Dividends	None - $200	
	News Communications, Inc., Common Stock	$1,000,001 - $5,000,000	Capital Gains	$50,001 - $100,000	
	IRA--Family Management Corp.	$50,001 - $100,000	NA	NA	
	IRA--Nationwide	$15,001 - $50,000	NA	NA	
SP	IRA--Nationwide	$15,001 - $50,000	NA	NA	
	Congressional Federal Credit Union	None - $1,000	Interest	None - $200	
	Melrose Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Treasury notes, due 6-30-96 and 5-15-97	$50,001 - $100,000	Interest	$2,501 - $5,000	
	Pershing/Alliance Cash	$15,001 - $50,000	Interest	$201 - $1,000	
	Fidelity Adv. Global Natural Resource	$1,001 - $15,000	Capital Gains and Dividends	None - $200	
	John Hancock Regional Bank Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	Oppenheimer Main Street	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	Seligman Frontier Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Hi-Low Stock Club	$1,001 - $15,000	Capital Gains	None - $200	
	ACB Publications (1/3 interest)	$15,001 - $50,000	Capital Gains	None - $200	
	Hawaiian Gardens Condominium, Lauderdale Lakes, FL	$15,001 - $50,000	Rent	None - $200	
	Multi-Media Advertising, Inc./Flushing Tribune, Inc.	$15,001 - $50,000	(See agreements)		
	Citibank (various)	$1,001 - $15,000	Interest	None - $200	
	Seligman Comm and Info FD, Class D	None -	Capital Gains	$1,001 - $2,500	
	Treasury bills due 11-16-95	None -	Interest	$2,501 - $5,000	
	Fidelity Adv. Overseas Fund	$1,001 - $15,000	Capital Gains	None - $200	
	Seligman Frontier Fund, Class D	$1,001 - $15,000	Capital Gains	None - $200	
	Treasury bills due 2-8-96	$15,001 - $50,000	Interest	None - $200	
	Pershing Alliance Money Market	None - $1,000	Interest	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	NCI, Inc. stock -- partial sale	Sold	1/24-26/95	$50,001 - $100,000
	Seligman Comm and Info FD, Class D	Purchase	2/16/95	$15,001 - $50,000
	Seligman Comm and Info FD, Class D	Sold	3/30/95	$15,001 - $50,000
	Treasury bills due 11-16-95	Sold	11/16/95	$50,000
	Fidelity Adv. Overseas Fund	Purchase	9/15/95	$1,001 - $15,000
	Seligman Frontier Fund	Purchase	12/1/95	$1,001 - $15,000
	Treasury bills due 2-8-96	Purchase	8/10/95	$15,001 - $50,000

Name Gary L Ackerman | Page 6 of 9

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Citibank	Checking Plus	$15,001 - $50,000
	MBNA	Revolving charge account	$15,001 - $50,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
AAPI Convention--Keynoter	July 1	NY-Chicago-NY	N	N	N	No
Audiovox	Jan. 22-23	NY-Fort Meyers,, FL-NY	Y	Y	N	No

Name Gary L. Ackerman	Page 8 of 9

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Organization
Director	News Communications, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
5/15/89	Tribco/Queens Tribune/Multi-Media/ Michael Schenkler	Gary. L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable, of the Flushing Tribune, Inc., and Multi-Media, Inc., until all assets are paid.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Gary L. Ackerman
(Full Name)

2243 Rayburn
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2601

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 05	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Gary L. Ackerman

DATE (Month/Day/Year): 5-20-96

SCHEDULE IV -- TRANSACTIONS

Gary L. Ackerman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	NCI, Inc. stock – partial sale	Sold	1/24-26/95	$50,001 - $100,000
	Fidelity Adv. Global Natural Resource	Purchase	12/12/95	$1,001 - $15,000
	John Hancock Regional Bank Fund	Purchase	11/20/95	$15,001 - $50,000
	Oppenheimer Main Street	Purchase	2/16/95	$15,001 - $50,000
	Seligman Comm and Info FD, Class D	Purchase	2/16/95	$15,001 - $50,000
	Seligman Comm and Info FD, Class D	Sold	3/30/95	$15,001 - $50,000
	Treasury bills due 11-16-95	Sold	11/16/95	$50,000
	Fidelity Adv. Overseas Fund	Purchase	9/15/95	$1,001 - $15,000
	Seligman Frontier Fund	Purchase	12/1/95	$1,001 - $15,000
	Treasury bills due 2-8-96	Purchase	8/10/95	$15,001 - $50,000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Alan Wayne Allard
(Full Name)

1203 Jennifer Drive
(Mailing Address)

[illegible] 225-4076
Daytime Telephone

Loveland, Colorado 80537

Filer Status	[X] Member of the U.S. House of Representatives — State: Colorado District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL A. Wayne Allard

DATE (Month/Day/Year) 5/14/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name A. Wayne Allard

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Savings Account -																												
	Cong. Cr Union Wright-Patman			X											X					X									
	Paine-Weber Bonds Adams & Weld County Schools		X												X				X										
JT	1203 Jennifer Dr. Loveland CO					(Home)								N/A							N/A								
JT	412 3rd Str. SE Washington DC						X							N/A							N/A								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name A. Wayne Allard

Page 3 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Apartment A (1/3)-Rental					N/A								X									X						
	Apartment B (2/3)-Rental					N/A										N/A						N/A							
	A. Wayne Allard Trust	-	-	-	-	-	-	-	-	-	-	-	-	-	ITEMS			LISTED			BELOW		-	-	-	-	-	-	
	1. Smith Barney Muni. Money MKT			X											X				X										P
	2. Tennessee Valley Auth Cpn		X												X					X									
	3. Resolution FDG Corp.		X												X					X									
	4. U.S.Treasury		X												X					X									
	5. Colorado Health Facs		X												X					X									
	6. Lower Colo. River Auth.		X												X					X									
	7. Thornton Colo. Sales: Use		X												X					X									
	8. Mutual Funds					N/A									N/A							N/A							
	a) AIM Equity Fds	X											X						X										S
	b) AIM Aggressive Growth	X											X						X										S
	c) Capital Income Bldr.		X										X							X									
	d) Fidelity Advisor Ser II Growth	X											X						X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name A. Wayne Allard

Page 4 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	e) Franklin Tax Free-Colorado			X											X					X									
	f) GT Global Telecommunication	X											X						X										S
	g) GT Invt Fds Inc Global		X										X							X									
	h) Govett Emerging MKTs		X										X						X										
	i) Lord Abbett US Govts	X													X					X									S
	j) Smith Barney Apprec. Fd		X										X								X								P
	k) Smith Barney Managed Muni				X										X							X							P, S
	l) Smith Barney World Funds		X										X						X										
	m) Sogen International Fd	X											X						X										S
	n) Templeton Funds-Foreign		X										X							X									
	o) Templeton Developing MKT		X										X						X										
	9. Unit Investment Trusts				N/A										N/A							N/A							
	a) UTS Equ Inc Fd Dow	X											X						X										S
	b) UTS Equ Inc Fd HK 94	X											X						X										S
	c) UTS Equ Inc Fd UK94	X											X						X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name A. Wayne Allard

Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	d) UTS Equ Inc Fd HK 95	X											X						X										P
	e) UTS Equ Inc Fd Int'l 95	X											X						X										P
	f) UTS Equ Inc Fd Dow 95	X											X						X										P
	10. Trak Funds					N/A								N/A									N/A						
	a) Govt Money MKTs	X											X						X										
	b) Long Term Bond	X											X						X										S
	c) Municipal Bond		X												X				X										S
	d) Mortgage Backed	X													X				X										S
	e) Large Cap Value		X										X						X										S
	f) Small Cap Value	X											X						X										S
	g) Internat'l Fixed Income	X											X						X										S
	h) Internat'l Equity		X										X						X										S
	i) Large Cap Growth		X										X						X										S
	j) Small Cap Growth	X											X						X										S

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SCHEDULE IV — TRANSACTIONS

Name A. Wayne Allard

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	UTS Equ Inc Fd H.K. 95	X			01-06-95	X									
	UTS Equ Inc Fd Int'l 95	X			01-20-95	X									
	UTS Equ Inc Fd Dow 95	X			01-11-95	X									
	Smith Barney Apprec. Fd	X			Daily cash acct	X									
	Smith Barney Managed Muni	X			Monthly dividend reinvested	X									
	Smith Barney Muni Money Mkt	X			Daily cash acct			X							
	(for sales see attached Preferred														
	client statement forms 1099														
	for 1995-Kermit L. Allad, trustee)														

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SMITH BARNEY

A Member of TravelersGroup

Ref: 00000564 00008429

Preferred Client Statement Forms 1099 for 1995

KERMIT L ALLARD TTEE

Account Number 297-07305-17 052 Tax Id number 84-6233377

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 1995 (OMB#1545-0715)

Gross proceeds from each transaction are individually reported to the IRS after deducting commissions. For bond transactions, accrued income is also deducted. Taxable accrued interest is reported on Form 1099-INT and included in your "Details of 1099 Reported Interest Income".

Reference number	Trade date (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 3)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120000100	11/14/95	001413202000	146.438	AIM EQUITY FDS INC CONSTELLATION FD	$ 23.43	$ 3,431.04	
120000300	11/14/95	001413707000	57.23	AIM AGGRESSIVE GROWTH FD	40.21	2,301.22	
120001900	10/11/95	210474300000	63.101	CG CAPITAL MARKETS LONG TERM BOND INVESTMENTS	8.32	525.00	
120003300	10/11/95	210474409000	187.723	CG CAPITAL MARKETS- MUNICIPAL BOND INVESTMENTS	8.39	1,575.00	
120004700	10/11/95	210474508000	65.955	CG CAPITAL MARKETS- MORTGAGE BACKED INVESTMENTS	7.96	525.00	
120005100	08/01/95	210474706000	29.02	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	10.24	297.16	
120005200	10/11/95	210474706000	303.073	CG CAPITAL MARKETS- LARGE CAP VALUE INVESTMENTS	10.74	3,255.00	
120005500	08/01/95	210474805000	.435	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	9.77	4.25	
120005600	10/11/95	210474805000	53.03	CG CAPITAL MARKETS- SMALL CAP VALUE INVESTMENTS	9.90	525.00	
120006500	08/01/95	210474854000	3.858	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS	9.29	35.84	
120006800	10/11/95	210474854000	57.503	CG CAPITAL MARKETS- INTERNAT'L FIXED INCOME INVTS	9.13	525.00	

SMITH BARNEY

A Member of TravelersGroup

Ref: 00000564 00008430

A. Wayne Allard

Preferred Client Statement
Forms 1099 for 1995

KERMIT L ALLARD TTEE

Account Number 297-07305-17 052 Tax id number 84-6233377

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 1995 - *continued* (OMB#1545-0715)

Reference number	Trade date (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 5)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120007600	10/11/95	210474862000	102.041	CG CAPITAL MARKETS- INTERNAT'L EQUITY INVESTMENTS	$ 10.29	$ 1,050.00	
120007900	08/01/95	210474870000	2.206	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	12.07	26.63	
120008000	08/01/95	210474870000	3.85	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	12.07	46.47	
120008100	08/01/95	210474870000	3.942	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	12.07	47.58	
120008200	08/01/95	210474870000	4.265	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	12.07	51.48	
120008300	08/01/95	210474870000	15.759	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	12.07	190.21	
120008500	10/11/95	210474870000	128.362	CG CAPITAL MARKETS- LARGE CAP GROWTH INVESTMENTS	12.27	1,575.00	
120008800	08/01/95	210474888000	12.549	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	16.97	212.95	
120008900	10/11/95	210474888000	31.25	CG CAPITAL MARKETS SMALL CAP GROWTH INVESTMENTS	16.80	525.00	
120009100	01/11/95	294700190007	2,970	UTS EQU INC FD DOW 94 // A Q 1994 SELECT 10 WINTER SER DJIA MATURITY 1/27/1995	.949	2,820.52	
120009200	01/20/95	294700216008	3,529	UTS EQU INC FD HK 94 // A S 1994 SELECT 10 INTL WINTER HK APPROX MATURITY 2/3/1995	.558	1,964.66	

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SMITH BARNEY

A Member of TravelersGroup

Ref: 00000564 00008431

A. Wayne Allard

Preferred Client Statement
Forms 1099 for 1995

KERMIT L ALLARD TTEE

Account Number 297-07305-17 052 Tax Id number 84-6233377

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-B Proceeds from Broker and Barter Exchange Transactions 1995 - *continued* (OMB#1545-0715)

Reference number	Trade date (Box 1a)	CUSIP number (Box 1b)	Quantity	Description (Box 3)	Price	Gross proceeds less commissions (Box 2)	Federal income tax withheld (Box 4)
120008300	01/06/95	294700224008	* 2,981	UTS EQU INC FD UK 94 //A S 1994 SELECT 10 INTL WINTER UK APPROX MATURITY 2/3/1995	$ .933	$ 2,782.44	
120009700	11/14/95	315807206000	* 385.764	FIDELITY ADVISOR SER II GROWTH OPPORTUNITIES PORT	31.01	11,962.54	
120011000	11/01/95	362361602000	* 87.886	GT GLOBAL TELECOMMUNICATIONS FUND	16.40	1,441.33	
120013500	11/01/95	543903108000	* 2,631.241	LORD ABBETT U S GOVT SECS FD INC	2.71	7,130.66	
120014600	11/02/95	83180U200000	* 186.451	SMITH BARNEY MANAGED MUNICIPALS FUND CL B	16.09	3,000.00	
120015300	11/01/95	834062101000	* 113.797	SOGEN INTERNATIONAL FD INC	25.30	2,879.06	
Totals						$ 50,706.04	

Name A. Wayne Allard | Page 10 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Dovenmuehle Mortgage, Inc.	Mortgage-412 3rd St. SE Washington, DC				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

Name	Page 11 of 11
A. Wayne Allard	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Board of Directors	James Madison Foundation (Presidential Appointment)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF THE CLERK
96 MAY 15 PM 2:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Robert E. Andrews
(Full Name)

215 Fourth Avenue (609) 627-9000
(Mailing Address) Daytime Telephone:

Haddon Heights, New Jersey 08035

Filer Status	[X] Member of the U.S. House of Representatives	State: NJ District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Robert E. A

DATE (Month/Day/Year): 5/14/96

Name	Page 1 of 8
Robert E. Andrews	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dilworth, Paxson, Kalish and Kauffman	Spouse Salary	NA
	Jacquelyn Spinello Andrews	Social Security Survivor's Benefits	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Robert E. Andrews	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Robert E. Andrews

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust.					X					X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Robert E. Andrews

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Chemical Bank Checking Account		X												X					X									
	Mellon Bank Checking Account		X												X					X									
JT	PNC National Bank Checking Account		X												X				X										
SP	Stock - GTE		X										X							X									
SP	Stock - Atlantic Electric		X										X							X									
	Dean Witter Money Market Account *			X											X					X									
	1105 Creek Road, Bellmawr 08031				X								Inherited from the Estate of Josephine Andrews (Mother)																
	*Beneficial Interest in the Estate of Josephine Andrews																												

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SCHEDULE IV — TRANSACTIONS

Name Robert E. Andrews

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	N/A														

This page may be copied if more space is required.

Name Robert E. Andrews | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

Office of Congressman Robert E. Andrews
16 Somerdale Square
Somerdale, New Jersey 08083
(609) 627-9000
Fax: (609) 627-9406

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LEGISLATIVE RESOURCE CENTER
96 MAY 30 PM 3:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 28 1996

(2)

MC ✓

May 23, 1996

The Clerk, U.S. House of Representatives
Legislative Resource Center
1036 Longworth House Office Building
Washington, D.C. 20515-6612

RE: Financial Disclosure Statement for 1995

Dear Clerk Carle:

I am pleased to provide the attached amendment to my Financial Disclosure Statement for 1995 which is intended to clarify information on the original form related to a testamentary trust.

This amendment should be substituted for the original Page 3 of Schedule III (Assets and "Unearned" Income).

Should you have additional questions, please don't hesitate to contact me.

Sincerely,

Robert E. Andrews

Robert E. Andrews, NJ-1
Member of Congress

Name Robert E. Andrews

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP.	*Examples:* SP Mega Corp. Stock				X								X							X									P
DC.	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings in the trust.			x													x		x										

For additional assets and unearned income, use next page.

BILL ARCHER
7TH DISTRICT, TEXAS

CHAIRMAN
WAYS AND MEANS
COMMITTEE

JOINT COMMITTEE
ON TAXATION

Congress of the United States
House of Representatives

WASHINGTON OFFICE
1236 LONGWORTH
HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4307
(202) 225-2571
FAX (202) 225-4381

DISTRICT OFFICE
10000 MEMORIAL DRIVE, SUITE 820
HOUSTON, TX 77024-3480
(713) 682-8828
FAX (713) 680-8070

(10)

HAND DELIVERED

May 15, 1996

MC

RECEIVED
96 MAY 15 PM 5:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Honorable Robin H. Carle
Clerk of the House
H-154, The Capitol
Washington, D.C. 20515

Dear Ms. Carle:

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1995 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1995, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

FINANCIAL STATEMENT
WILLIAM R. ARCHER, JR.
DECEMBER 31, 1995

ASSETS

Cash (Cong. Credit Union Acct.)		7,000.00
Cash (Crestar Bank)		38,459.00
Merrill Lynch Cash Management Acct.		116,945.00
Merrill Lynch Cash Management Acct.		54,090.00
I.R.A. (USAA)		140,919.00
Life Insurance Cash Value		9,200.00
Federal Government Retirement Fund		109,058.00
FERS Thrift Savings		69,270.00
Securities (Market Value 12-29-95)		
1289 shares U.S. Life @ 29.88 *		38,515.00
300 shares Halliburton @ 48.25		14,475.00
108 shares Entergy @ 29.25		3,159.00
113 shares Amerada Hess @ 53.00		5,989.00
15,000 shares Caithness Alaska Gold Ltd @ .62 (at cost)		9,300.00
$30,000 U.S. EE Savings Bonds (at cost)		15,000.00
Treasury Securities		202,399.00
USAA Mutual Fund		105,027.00
PaineWebber CashFund		5,829.00
26.1% Interest in Archer Associates - Partnership		397,000.00
Real Estate:		968,410.00
Investment Equities - Houston Real Estate (at cost less depreciation)	38,500.00	
Townhouse, Houston, TX (at cost w/spouse)	127,731.00	
House & Lot, Arlington, VA (at cost & improvements w/ spouse)	460,833.00	
House & Acreage - Page County, VA (at cost)	341,346.00	
Mineral Royalty Interest, San Juan, New Mexico (at cost)		2,000.00
1987 Dodge Truck		2,500.00
1990 Ford Taurus		3,000.00
1993 Ford Taurus Station Wagon		12,000.00
Coin Collection (at cost)		16,326.00
TOTAL ASSETS		$2,345,870.00
TOTAL LIABILITIES		00.00

*Additional shares acquired in 1995 through stock split.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

96 MAY 15 PM 5:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

William R. Archer, Jr.
(Full Name)

1236 Longworth House Office Building
(Mailing Address)

(202)225-2571
Daytime Telephone

Washington, D.C. 20515-4307

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 7th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL William R. Archer Jr.

DATE (Month/Day/Year) May 14, 1996

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1994	$500
American Council for Capital Formation	Speech	2-2-95	$2,000.00
Chemical Manufacturers Association	Speech	2-9-95	2,000.00
Evans & Novak	Speech	4-5-95	500.00
Hoover Institution	Speech	5-11-95	2,000.00
National Retail Federation	Speech	6-7-95	2,000.00
Houston Building Owners & Managers Assn.	Speech	6-9-95	500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: William R. Archer, Jr.

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	Block E P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Cong. Fed. Credit Union		X												X				X										
Jt	Crestar Bank			X											X					X									
S	Crestar Bank		X												X				X										
S	Charles Schwab & Co. - IRA		X												X				X										
	U.S. Life - Stock			X									X								X								
	Halliburton - Stock		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William R. Archer, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Entergy - Stock		x																x										
	Amerada Hess - Stock		x										x						x										
Jt	Townhouse - Houston, TX					x								x									x						
	*Archer Associates-Family Partnership						x						x		x	x								x					
	San Juan, NM - Mineral Royalty		x												x							x							
	Merrill Lynch CMA Acct. #1					x							x									x							
Jt	Merrill Lynch CMA Acct. #2				x								x							x									
	Sequoia Nat. Bank CD (formerly Fed. Cap. Bank CD)														x					x									S
	Real Estate Partnership-Houston Westwood Shopping Ctr. 1/5%	x													x					x									
	Real Estate Partnership-Houston Meadowlake Estates 6.25% Int.		x												x				x										
	Real Estate Partnership-Houston Howard Chen 2.5% Int.			x											x				x										
	Caithness Alaska Gold Ltd. Partnership Interest		x																x										
	USAA - IRA					x									x	x							x						
	US EE Savings Bonds		x																x										
	Treasury Securities					x									x								x						P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William R. Archer, Jr.

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	USAA Mutual Fund					X							X		X	X						X							
	Union Pacific Resources-Bonus Lease																						X						
	PaineWebber CashFund		X												X					X									P
S	Crestar Money Market Acct.		X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name William R. Archer, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	changed to Sequoia Fed. Capital Bank (Nat. Bk.) CD		X		3/1/95			X							
	Treasury Securities	X			6/16/95			X							
	Treasury Securities	X			3/1/95			X							
	PaineWebber CashFund	X			10/11/95	X									

This page may be copied if more space is required.

Name William R. Archer, Jr. | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Public Securities Assn.	4/29-4/30	Wash., D.C.-West VA-Wash.,D.C.	Y	Y	Y	N
	USIA-approved cultural exchange Asian Pacific Exchange Found.	8/4-8/19	Wash., D.C. - Indonesia - Wash., D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Houston Society for the Prevention of Cruelty to Animals
Partner	Archer Associates Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22–642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995	FORM A For use by Members, officers, and employees

(4) RECEIVED
96 MAY 15 PM 3:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Richard K. Armey
(Full Name)

9456 E. Valley Ranch Pkwy.
(Mailing Address)

Irving, Texas 75063

Daytime Telephone 202/225-4000

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 26	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Dick Armey

DATE (Month/Day/Year) May 15, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Richard K. Armey

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X							X									P
	123 Main St., Dover, Del.								X						X											X				
	1st Bank of Paducah, KY accounts						X									X						X								
	TIAA - Teacher's Retirement							N/A								Pension					X									

For additional assets and unearned income, use next page.

Name Richard K. Armey | Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Interstate Bank, Bedford, Texas	Personal loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Richard K. Armey | Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Forstman/Little (panelist)	Sept. 15-17	Wash., DC - Aspen, CO RT	Y	Y	Y	N
	Nat'l Conf. of Editorial Writers (editorial boards)	Sept. 22-27	Wash., DC - San Antonio RT	Y	Y	N	N
	Jan Wesman Public Relations (taping)	Oct. 3	Wash., DC - New York RT	N	N	N	N

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CONGRESSMAN DICK ARMEY
26TH DISTRICT, TEXAS

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Congress of the United States

House of Representatives

Washington, DC 20515–6502

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May 24, 1996

1

Robin H. Carle
Clerk of the House
U.S. House of Representatives
Washington, D.C. 20515

MC

Dear Robin,

I would like to make a correction to Schedule VII of my May 15, 1996 Financial Disclosure Statement for Calendar Year 1995.

The entry referring to the National Conference of Editorial Writers in San Antonio should be changed to indicate that I spent some time not at the sponsor's expense. Please change column seven from "N" to "Y" and list as four days.

Thank you for your attention to this request. Please feel free to contact me if you have any questions.

Respectfully,

Dick Armey

DICK ARMEY
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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9

Spencer T. Bachus, III
(Full Name)

127 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-4921

Filer Status	[X] Member of the U.S. House of Representatives	State: Alabama District: Sixth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	[X]	No	[ ]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[X]	No	[ ]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[ ]	No	[X]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes	[ ]	No	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 14, 1996

Name	Spencer T. Bachus, III	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Salary	126,920
	Samford University	Spouse Salary	8,500

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page ___ of ___
Spencer T. Bachus, III	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Alabama Credit Union League	Breakfast	2/28/95	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Spencer T. Bachus, III

Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
	First Alabama Bank	X													X				X										
	J. C. Bradford Co.	X													X				X										
	4821 12th Avenue North			X										X								X							
	Colsten Druid Hill Drive		X											X								X							
	3437 28th Place North		X											X								X							
	1213 Impala Drive			X										X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	2612 Janice Circle				X									X								X							
	Civic Center Professional Bldg.					X								X									X						
	Maryland Avenue Condo					X								X									X						
	Note Receivable - Patzke			X											X							X							
SP	AmSouth			X											X						X								
SP	Smith, Barney							X					X		X									X					
SP	State Farm Insurance		X												X					X									
SP	Fidelity Investments					X							X		X							X							
SP	Commercial Investment, Ptr				X										X						X								
SP	Southwood Enterprises, Ptr					X																	X						

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	Fidelity Investments		X		3/31/95				X						
SP	Smith, Barney		X		8/11/95					X					
SP	Fidelity Investments	X			3/31/95				X						
SP	Smith, Barney	X			9/21/95				X						
	Stock Option Put Transactions		X		6/20/95	X									
	Stock Option Put Transactions		X		7/22/95	X									
	Stock Option Put Transactions		X		8/19/95	X									
	Stock Option Put Transactions		X		9/22/95	X									
	Stock Option Put Transactions		X		5/22/95	X									
	Stock Option Put Transactions		X		12/01/95	X									

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Name	Spencer T. Bachus, III	Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Alabama Bank	Mortgage on Civic Center Professional Building			X							
	Compass Bank	Mortgage Rental Properties			X							
	AmSouth Mortgage Company	Mortgage Maryland Ave. Prop.			X							
	First Alabama Bank	Mortgage Rental Properties			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name	Spencer T. Bachus, III	Page ___ of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chinese National Association of Industry & Commerce	Aug.20–29	Bham - Taipei - Bham	Y	Y	Y	1 Day

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Name	Spencer T. Bachus, III	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Spencer T. Bachus, III
(Full Name)

127 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-4921

Filer Status: [X] Member of the U.S. House of Representatives — State Alabama, District Sixth — [ ] Officer or Employee — Employing Office

Report Type: [ ] Annual (May 15) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) June 12, 1996

Name	Spencer T. Bachus, III	Page	of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Salary	126,920
	Samford University	Spouse Salary	8,500

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page of
Spencer T. Bachus, III	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Alabama Credit Union League	Breakfast	2/28/95	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Spencer T. Bachus, III

Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	First Alabama Bank, Birmingham, AL	X													X				X										
	J. C. Bradford Co.	X													X				X										
	4821 12th Avenue North, Bham, AL			X										X								X							
	Colsten Druid Hill Drive, Bham, AL		X											X								X							
	3437 28th Place North, Bham, AL		X											X								X							
	1213 Impala Drive, Bham, AL			X										X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. [redacted]chus, III

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	2612 Janice Circle, Bham, AL				X									X								X							
	Civic Center Professional Bldg. Birmingham, Alabama					X								X									X						
	Maryland Avenue Condo, Wash., DC					X								X									X						
	Note Receivable Richard & Kathy Patzke, Bham, AL			X											X							X							
SP	AmSouth Bank, Birmingham, AL			X											X						X								
SP	Smith Barney:																												
	Bond Funds						X								X							X							
	MoneyMarket						X								X							X							
	CG Capital Markets		X												X					X									
	UTS Govt Secs Incm Fund					X									X								X						
SP	State Farm Insurance		X												X					X									
SP	Fidelity Investments:																												
	Cash Reserves			X									X		X						X								
	Magellan			X											X						X								
	Growth & Income			X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
SP	Fidelity Investments Continued:																												
	Equity - Income II		X												X					X									
	Puritan			X											X							X							
SP	Commercial Investment, Ptr				X										X						X								
SP	Southwood Enterprises, Ptr					X							Partnership Income										X						

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction									
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	**Asset**														
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
SP	Fidelity Investments		X		3/31/95				X						
SP	Smith, Barney		X		8/11/95					X					
SP	Fidelity Investments	X			3/31/95				X						
SP	Smith, Barney	X			9/21/95				X						
	Stock Option Put Transactions:														
	Put S&P 100 Aug 505	X			7/03/95	X									
	Put S&P 100 Aug		X		8/19/95	X									
	Put S&P 100 Aug 510	X			7/14/95	X									
	Put S&P 100 Aug		X		8/19/95	X									
	Put Semiconductor Sept	X			8/14/95	X									
	Put Semiconductor		X		9/19/95	X									
	Put S&P 100 Sept	X			9/10/95	X									
	Put S&P 100 Sept		X		9/14/95	X									
	Put S&P 100 Jul 490	X			6/07/95	X									
	Put S&P 100 Jul 490		X		7/22/95	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Stock Option - Continued														
	Put S&P 100 Jul 490	X			6/16/95	X									
	Put S&P 100 Jul 490		X		7/22/95	X									
	Put S&P 100 Jul 490	X			6/19/95	X									
	Put S&P 100 Jul 490		X		7/22/95	X									
	Put S&P 100 Dec 550	X			11/9/95	X									
	Put S&P 100 Dec 550		X		12/10/95	X									
	Put S&P 100 May 470	X			3/21/95	X									
	Put S&P 100 May 470		X		5/22/95	X									
	Put S&P 100 May 470	X			5/02/95	X									
	Put S&P 100 May 470		X		5/22/95	X									
	Put S&P 100 May 500	X			5/17/95	X									
	Put S&P 100 May 500		X		5/22/95	X									

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Name	Page of
Spencer T. Bachus, III	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Alabama Bank	Mortgage on Civic Center Professional Building			X							
	Compass Bank	Mortgage Rental Properties			X							
	AmSouth Mortgage Company	Mortgage Maryland Ave. Prop.			X							
	First Alabama Bank	Mortgage Rental Properties			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name	Page ... of
Spencer T. Bachus, III	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chinese National Association of Industry & Commerce	Aug.20–29	Bham - Taipei - Bham	Y	Y	Y	1 Day

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Name	Spencer T. Bachus, III	Page . of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1996 23-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Henry Scott Baesler
(Full Name)

5722 Athens Boonesboro Road
(Mailing Address)

Lexington KY 40509

Daytime Telephone: (202)225-4706

Filer Status					
	[X] Member of the U.S. House of Representatives	State: KY District: 06	[ ] Officer or Employee	Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL: Scotty Baesler

DATE (Month/Day/Year): 5/10/96

Name Henry Scott Baesler | Page 2 of 9

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Congressman	Salary	$133,600
	Farm income (sale of crops & livestock)	Spouse	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry Scott Baesler | Page 3 of 9

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute	1995 Legislative Conference Panel Participant	2/ 8/95	$ 2,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cash-Bank Accounts - Central Bank & Trust Co., Vine Street, Lexington, KY	$15,001 - $50,000	Interest	$1 - $200	
	Cash-Bank Accounts - Bank One, Main Street, Lexington, KY	$1,001 - $15,000	Interest	$1 - $200	
	Cash-Bank Accounts - Republic Bank, Alumni Drive, Lexington, KY	$1,001 - $15,000	Interest	$1 - $200	
	Household & Farm Property & Livestock, Athens Boonesboro Road, Lexington, KY	$100,001 - $250,000	Capital Gains	$5,001 - $15,000	
	Stock-Youth Development, Inc	None		None	
	House - Lot - 5722 Athens Boonesboro Rd	$100,001 - $250,000		None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Farm - 2 Houses - Athens Boonesboro - 50 acres	$250,001 - $500,000	Rent	$5,001 - $15,000	
	House-20 Acres - Athens Boonesboro Rd., Lexington, KY - Cane Brake	$100,001 - $250,000		None	
	One-half ownership in 295 Acre Development - 10 Acre Building Lots - Athens Boonesboro Rd., Lexington, KY 40509	Over $1,000,000		None	
	Tobacco Proceeds - Gross	None	Sale Proceeds	$15,001 - $50,000	
	Sale Contract - 2 commercial lots, Athens Boonesboro - Days Inn, Lexington	$100,001 - $250,000	Capital Gains	$5,001 - $15,000	
	Sales Contract - Robert Woods, Lexington, KY (paid in full in 1995)	None	Capital Gains	$15,001 - $50,000	
	House - 3561 King Arthur Drive, Lexington, Ky	$50,001 - $100,000		None	

Name Henry Scott Beesler | Page 6 of 9

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Sale – 10 Acre lot to Scott Beesler, (son), Lot 11, Cane Brake, Lexington, KY	Sold	11/1/95	$50,001 - $100,000

Name Henry Scott Baesler	Page 7 of 9

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Central Bank - Lexington, KY	Open Notes	$15,001 - $50,000
	Mary Margaret Terrell, Lexington, KY	Mortgage on 295 Acre Development	$250,001 - $500,000
	Robert Woods, Lexington, KY	Note - Development Cane Brake	$250,001 - $500,000
	Bank One, Lexington, KY	Mortgage - Commercial Lots on Athens Boonesboro Road	$50,001 - $100,000
	Central Bank - Lexington, KY	Mortgages on House - Lot - 5722 Athens Boonesboro - Farm - 20 Acre Lot & 2 10 Acre Tracts	$500,001 - $1,000,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Security Caucus Institute of the American Security Council Foundation	Aug. 28 Sept. 3, 1995	Wash., D.C. -- Macedonia, Kosova, Montenegro and Croatia -- Wash., D.C.	Y	Y	N	N

Name Henry Scott Baesler	Page 9 of 9

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	Farm Operation – BW Partnership (see schedule I)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

(R)

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

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MC

HAND (Office Use Only)

William P. Baker
(Full Name)

7 Way Points Road
(Mailing Address)

Daytime Telephone:
(202) 225-1880

Danville CA 94526

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 10	[ ] Officer or Employee	Employing Office.	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: William P. Baker

DATE (Month/Day/Year): May 15, 1996

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	AL Pharmacies, Inc. (AL Labs)	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S
JT	Allen Group Inc./Transpro Inc.	$15,001 - $50,000	Dividends	$201 - $1,000	NA
JT	Allstate Corp.	None - $1,000	Capital Gains	$201 - $1,000	S
JT	Alluminum Co. of America	None - $1,000	Capital Gains	$5,001 - $15,000	S
JT	America Cap Harbor	$15,001 - $50,000	Dividends	$2,501 - $5,000	
JT	American Electric	$15,001 - $50,000	Dividends	$2,501 - $5,000	
JT	Bay Networks, Inc.	$1,001 - $15,000		None - $200	
JT	Brush Wellman	None - $1,000	Capital Gains	$201 - $1,000	S
JT	Cal State Var Purp G/O Bond	None - $1,000	Matured		S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Capital Guaranty for Financial Security	$15,001 - $50,000	Dividends	$201 - $1,000	E
JT	Cedar Fair LP	$15,001 - $50,000	Dividends	$1,001 - $2,500	
JT	Centennial Cellular	$15,001 - $50,000		None - $200	
JT	Chicago & Northwestern	None - $1,000	Capital Gains	$2,501 - $5,000	S
JT	Compaq Computer Corp	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
					S
JT	Congressional Fed. Credit Union	$1,001 - $15,000	Interest	None - $200	
JT	Conrail (option)	$1,001 - $15,000			P
JT	Continental Homes Holding Corp.	None - $1,000	Capital Gains, Dividends	$5,001 - $15,000	S
JT	Dial Corp	$15,001 - $50,000	Dividends	$201 - $1,000	P
					S
JT	Eastman Chemical	$1,001 - $15,000	Dividends	None - $200	P
JT	EZ Corp., Inc	$1,001 - $15,000		None - $200	
JT	First Union Real Estate Eq & Mrt	$1,001 - $15,000	Dividends	None - $200	
JT	Ford Motor Co Dep. SHS	$15,001 - $50,000	Capital Gains, Dividends	$5,001 - $15,000	S
JT	Ford Motor Co. (option)	$1,001 - $15,000			P
JT	General Mills, Inc.	$1,001 - $15,000		None - $200	
JT	General Motors (option)	$1,001 - $15,000			P
JT	Grass Valley, CA Hospital Rev. RFDG	$50,001 - $100,000	Interest	$2,501 - $5,000	
JT	Helix Tech, Inc.	$1,001 - $15,000	Dividends	None - $200	P
JT	Hewlett Packard (option)	None - $1,000			P
			Capital Gains	$2,501 - $5,000	S
JT	Home Savings	None - $1,000	Interest	None - $200	
JT	IVEX	$1,001 - $15,000	Dividends	None - $200	P
JT	Jefferson Smurfit Corp.	$15,001 - $50,000		None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Jefferson Smurfit Corp. (option)	$1,001 - $15,000		None - $200	P
JT	KMart (option)	$1,001 - $15,000			P
JT	LA Gear, Inc.	$1,001 - $15,000		None - $200	S
JT	Liberty All Star Equity Fund	$15,001 - $50,000	Dividends	$5,001 - $15,000	
JT	Liposome Technology/Sequus	$50,001 - $100,000		None - $200	S
JT	LA, CA, Dept. Water & Power Bond	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Louisiana Pacific Corp.	$100,001 - $250,000	Dividends	$1,001 - $2,500	
JT	Louisiana Pacific Corp. (option)	None - $1,000			P
			Capital Gains	$2,501 - $5,000	S
JT	Merced, CA Irrigation District Bond	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Merck & Co.	None - $1,000	Capital Gains	$5,001 - $15,000	S
JT	Microsoft	$1,001 - $15,000		None - $200	
JT	Nations Bank	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Nellcor	None - $1,000	Capital Gains	$5,001 - $15,000	S
JT	Nokia	$15,001 - $50,000	Dividends	$201 - $1,000	P
JT	Novell, Inc.	None - $1,000		None - $200	S
JT	Oakland CA Redevelopment Agency	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Oakley, Inc.	$1,001 - $15,000		None - $200	P
JT	Oracle, Inc.	$15,001 - $50,000		None - $200	P
JT	Pepsico	None - $1,000			P
			Capital Gains	$5,001 - $15,000	S
JT	Pfizer	None - $1,000			P
			Capital Gains	$5,001 - $15,000	S
JT	Presley Development	$1,001 - $15,000		None - $200	
JT	Pricellular	$1,001 - $15,000		None - $200	P
JT	Price Costco	$1,001 - $15,000		None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	PYXIS	None - $1,000	Capital Gains	$201 - $1,000	S
JT	Quantum	None - $1,000	Capital Gains	$1,001 - $2,500	S
JT	Rexene	$15,001 - $50,000	Dividends	None - $200	P
JT	S3, Inc	None - $1,000	Capital Gains	$5,001 - $15,000	S
JT	Sacramento, CA Community Ctr Bond	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Silicon Graphics	None - $1,000			P
				None - $200	S
	Smith Barney IRA	$15,001 - $50,000			
JT	Southern Pacific	None - $1,000			P
			Capital Gains	$2,501 - $5,000	S
JT	Standard Pacific Corp	$15,001 - $50,000		None - $200	S
JT	Sterling Cleaners	$15,001 - $50,000	Interest	$5,001 - $15,000	
JT	Student Loan Marketing Assn	None - $1,000		None - $200	S
JT	Syquest Tech Inc	$1,001 - $15,000		None - $200	
JT	Tech Medical PR	None - $1,000		None - $200	P
				None - $200	S
JT	Toll Brothers, Inc	$1,001 - $15,000		None - $200	
JT	UDC Homes, Inc	None - $1,000		None - $200	
JT	UNC, Inc.	None - $1,000		None - $200	S
JT	USAIR Group (option)	$15,001 - $50,000		None - $200	P
JT	USF&G	$100,001 - $250,000	Dividends	$1,001 - $2,500	
JT	USF&G (option)	$1,001 - $15,000			P
			Capital Gains	$1,001 - $2,500	S
JT	Varian	$50,001 - $100,000	Dividends	None - $200	P
JT	Viacom B	$1,001 - $15,000		None - $200	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Vodafone	$15,001 - $50,000	Dividends	$201 - $1,000	P
JT	Volvo	$1,001 - $15,000	Dividends	$201 - $1,000	P
JT	Western Digital	None - $1,000	Capital Gains	$2,501 - $5,000	S
JT	Yuba City CA Bond	$15,001 - $50,000	Interest	$201 - $1,000	
JT	Federal Express (option)	None - $1,000			P
			Capital Gains	$5,001 - $15,000	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	AL Pharmacies (AL Labs)	Sold	7/6/95	$15,001 - $50,000
		Sold	11/13/95	$15,001 - $50,000
JT	Allstate Corp.	Sold	10/6/95	$1,001 - $15,000
JT	Aluminum Co. of America	Sold	8/31/95	$15,001 - $50,000
JT	Brush Wellman	Sold	4/11/95	$15,001 - $50,000
JT	Cal State Var Purp G/O Bond	Sold	1/3/95	$15,001 - $50,000
JT	Capital Guaranty for Financial Security	Exchange	12/21/95	$15,001 - $50,000
JT	Chicago & Northwestern	Sold	3/10/95	$15,001 - $50,000
JT	Compaq Computer Corp.	Purchase	1/25/95	$15,001 - $50,000
		Sold	2/8/95	$15,001 - $50,000
		Sold	2/27/95	$15,001 - $50,000
		Purchase	7/20/95	$15,001 - $50,000
JT	Conrail (option)	Purchase	8/16/95	$1,001 - $15,000
JT	Continental Homes Holding Corp.	Sold	12/7/95	$15,001 - $50,000
JT	Dial, Inc.	Purchase	3/6/95	$15,001 - $50,000
		Sold	5/25/96	$15,001 - $50,000
JT	Eastman Chemical	Purchase	4/24/95	$1,001 - $15,000
JT	Federal Express (option)	Purchase	7/24/95	$1,001 - $15,000
		Sold	8/11/95	$1,001 - $15,000
JT	Ford Motor Co. Dep. SHS	Sold	7/20/95	$50,001 - $100,000
JT	Ford Motor Co. (option)	Purchase	8/15/95	$1,001 - $15,000
JT	General Motors (option)	Purchase	8/8/95	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Helix Tech, Inc.	Purchase	10/6/95	$1,001 - $15,000
JT	Hewlett Packard (option)	Purchase	8/23/95	$1,001 - $15,000
		Sold	10/17/95	$1,001 - $15,000
JT	IVEX	Purchase	9/11/95	$1,001 - $15,000
JT	Jefferson Smurfit Corp. (option)	Purchase	10/24/95	$1,001 - $15,000
JT	KMart (option)	Purchase	11/15/95	$1,001 - $15,000
JT	Liposome Technology/Sequus	Sold	11/22/95	$15,001 - $50,000
JT	Louisiana Pacific Corp. (option)	Purchase	5/26/95	$1,001 - $15,000
		Sold	7/6/95	$1,001 - $15,000
JT	Merck & Co.	Sold	4/24/95	$15,001 - $50,000
JT	Nellcor	Sold	4/19/95	$15,001 - $50,000
JT	Nokia	Purchase	12/20/95	$15,001 - $50,000
JT	Novell, Inc.	Sold	7/26/95	$1,001 - $15,000
JT	Oakley, Inc.	Purchase	8/24/95	$1,001 - $15,000
JT	Oracle, Inc.	Purchase	5/3/95	$15,001 - $50,000
JT	Pepsico	Purchase	4/11/95	$15,001 - $50,000
		Sold	12/20/95	$15,001 - $50,000
JT	Pfizer	Purchase	4/24/95	$15,001 - $50,000
		Sold	11/1/95	$15,001 - $50,000
JT	Pricellular	Purchase	4/11/95	$1,001 - $15,000
JT	PYXIS	Sold	8/24/95	$1,001 - $15,000
JT	Quantum	Sold	1/27/95	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Rexene	Purchase	4/11/95	$15,001 - $50,000
JT	S3, Inc	Sold	6/21/95	$1,001 - $15,000
JT	Silicon Graphics	Purchase	11/21/95	$1,001 - $15,000
		Sold	12/26/95	$1,001 - $15,000
JT	Southern Pacific	Purchase	5/1/95	$15,001 - $50,000
		Sold	9/15/95	$15,001 - $50,000
JT	Standard Pacific Corp	Sold	12/29/95	$1,001 - $15,000
JT	Student Loan Marketing Assn	Sold	11/3/95	$15,001 - $50,000
JT	Tech Medical PR	Purchase	4/13/95	$1,001 - $15,000
		Sold	11/16/95	$1,001 - $15,000
JT	UNC, Inc	Sold	7/19/95	$1,001 - $15,000
JT	USAIR Group (option)	Purchase	11/15/95	$1,001 - $15,000
JT	USF&G (option)	Purchase	7/24/95	$1,001 - $15,000
		Sold	8/24/95	$1,001 - $15,000
JT	Varian	Purchase	1/9/95	$50,001 - $100,000
JT	Viacom B	Purchase	9/8/95	$1,001 - $15,000
JT	Vodafone	Purchase	7/6/95	$15,001 - $50,000
JT	Volvo	Purchase	9/8/95	$1,001 - $15,000
JT	Western Digital (some IRA)	Sold	1/27/95	$15,001 - $50,000
		Sold	10/5/95	$15,001 - $50,000
JT	Chrysler (option, not exercised)	Purchase	9/8/95	$1,001 - $15,000
JT	Motorola (option, not exercised)	Purchase	10/6/95	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

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SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Walt Disney (option, not exercised))	Purchase	8/10/95	$1,001 - $15,000
JT	LA Gear, Inc.	Sold	12/29/95	$1,001 - $15,000

Name William P. Baker

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	Kidder, Peabody/Paine Webber	Stock Margins	$250,001 - $500,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Western Regional Council	11/30/95 - 12/4/95	Wash, D.C. - Phoenix, AZ - Wash, D.C.	Y	Y	Y	12/2/95 to 12/4/95
Speaking Engagement						

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Richard Hugh Baker
(Full Name)

434 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone 202-225-3901

Filer Status	[X] Member of the U.S. House of Representatives	State Louisiana District 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL RHBaker

DATE (Month/Day/Year) 5/8/96

Name	Page 2 of 7
Richard Hugh Baker	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA
	1884 Shoppe	Spouse Salary	NA
	Baker Agency	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard Hugh Baker	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Trust Research Seminar, Ltd., Washington, DC	Speech	September 28, '95	1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard Hugh Baker

Page 4 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	LPB Minerals		X										X						X										
	Glacier Technology (Stock)			X																									
	Baker Agency, Inc.					X								X									X						
SP	1884 Shoppe				X																								
SP	K's Louisiana Market					X																							
	Scenic Investments-East Baton Rouge Parish Real Estate			X															X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Richard Hugh Baker

Page 5 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	AES, Inc. (Stock)				X														X										
	RES, Inc. (Stock)		X																X										

This page may be copied if more space is required.

Name Richard Hugh Baker | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hancock Bank, Baton Rouge, Louisiana	Commercial Loan			X							
	City National Bank, Baton Rouge, Louisiana	Commercial Loan			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Richard Hugh Baker	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Partner	LPB Minerals (uncompensated)
Partner	Scenic Investments (uncompensated)
Officier	Baker Agency, Inc. (uncompensated)
Officier	RES, Inc. (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1998 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Richard Hugh Baker
(Full Name)

434 Cannon House Office Building
(Mailing Address)

Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Louisiana District: 06th	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Richard H. Baker

DATE (Month/Day/Year) 6/6/96

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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COMMITTEE ON STANDARDS
202-225-3901

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MC (Office Use Only)

Richard Hugh Baker
(Full Name)

434 Cannon House Office Building
Washington, D.C. 20515
(Mailing Address)

Filer Status	[X] Member of the U.S. House of Representatives — State: Louisiana District: 6th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: R.H. Baker

DATE (Month/Day/Year): 5/8/96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA
	1884 Shoppe	Spouse Salary	NA
	Baker Agency	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard Hugh Baker	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Trust Research Seminar, Ltd., Washington, DC	Speech	September 28,'95	1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard Hugh Baker

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	LPB Minerals		X										X						X										
	Glacier Technology (Stock)			X															X										
	Baker Agency, Inc.					X								X										X					
SP	1884 Shoppe				X														SPOUSE SALARY										
SP	K's Louisiana Market					X													SPOUSE SALARY										
	Scenic Investments-East Baton Rouge Parish Real Estate			X															X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard Hugh Baker

Page 5 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transactio
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	AES, Inc. (Stock)				X														X										
	RES, Inc. (Stock)		X																X										

This page may be copied if more space is required.

Name Richard Hugh Baker

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Hancock Bank, Baton Rouge, Louisiana	Commercial Loan			X							
	City National Bank, Baton Rouge, Louisiana	Commercial Loan			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Richard Hugh Baker | Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Partner	LPB Minerals (uncompensated)
Partner	Scenic Investments (uncompensated)
Officier	Baker Agency, Inc. (uncompensated)
Officier	RES, Inc. (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1998 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(4)

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JOHN ELIAS BALDACCI
(Full Name)

79 PALM STREET
(Mailing Address)

BANGOR, MAINE 04401

Daytime Telephone: 207-947-6088

Filer Status	[X] Member of the U.S. House of Representatives — State: MAINE District: SECOND	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL JEBaldacci

DATE (Month/Day/Year) MAY 11, 1996

Name	JOHN ELIAS BALDACCI	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CITY OF BANGOR	SPOUSE SALARY	NA
	73 HARLOW STREET		
	BANGOR, MAINE 04401		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN ELIAS BALDACCI

Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	BANGOR SAVINGS BANK (savings acct) P. O. BOX 930, BANGOR, MAINE 04402		X												X					X									
JT	KEY BANK OF MAINE (CD) P. O. BOX 429, AUGUSTA, MAINE 04330	X													X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN ELIAS BALDACCI

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT PARTNERSHIP	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	CONGRESSIONAL FEDERAL CREDIT UNION P. O. BOX 23267 (money market) WASHINGTON, D. C. 20026-3267			X											X					X									
	NORTHERN NEW ENGLAND LAW PUBLISHERS, INC. (stock) P. O. BOX 38 NAPLES, MAINE 04055		X											X						X									
SP	ICMA RETIREMENT TRUST 777 NORTH CAPITOL STREET, N. E. WASHINGTON, D. C. 20002-4240		X												X					X									
SP	TRAVELERS INSURANCE ANNUITY SERVICES ONE TOWER SQUARE HARTFORD, CONNECTICUT 06183-4056		X												X					X									
	MAINE STATE RETIREMENT SYSTEM AUGUSTA, MAINE 04330		X												X					X									
SP	MAINE STATE RETIREMENT SYSTEM AUGUSTA, MAINE 04330		X												X					X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

THOMAS CASS BALLENGER
(Full Name)

867 20TH AVENUE DRIVE NW
(Mailing Address)

225-2576
Daytime Telephone

HICKORY, NC 28601

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
Cass Ballenger	5/14/96

Name T. CASS BALLENGER	Page 1 of 19

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PLASTIC PACKAGING, INC - FAMILY BUSINESS	SALARY EXEMPT FROM RULE XLVII	$20,000
	PLASTIC PACKAGING, INC	SPOUSE SALARY	N/A
	LEGISLATIVE RETIREMENT SYSTEM OF NC	PENSION	$ 3,874
	TARHEEL PACKAGING	COMMISSIONS SPOUSE	N/A
	CONTRACT LABOR	SPOUSE INCOME	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name T. CASS BALLENGER | Page 2 of 19

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
LABOR POLICY ASSOCIATION, WASHINGTON, D.C.	SPEECH	MARCH 11, 1995	$2,000
TOBACCO INSTITUTE, WASHINTON, D.C.	SPEECH	OCTOBER 10, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. CASS BALLENGER

Page 3 of 19

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

% = ROYALTY INCOME

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	DC 123 Main St., Dover, Del.							X						X											X				
	JT 1st Bank of Paducah, KY accounts					X									X							X							
JT	RENTAL HOUSE 12TH AVE				X									X								X							
JT	RENTAL HOUSE YORKLAND ROAD				X									X									X						
	GREAT WESTERN WELCH '7777'		X											%						X									
	SCARMADO NO. 1 WELL		X											%					X										P
JT	(BASEMENT OF HOME) WASHINGTON APT (450 JERSEY AVE)						X							X									X						
	TROUSDALE NO. 1 WELL		X											%					X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	RAYMOND JAMES & ASSOC BROKER ACCOUNT	ASSETS LISTED IN THIS SCHEDULE																											
	HERITAGE CASH TRUST MONEY MKT FD		X										X							X									
	AT&T CORPORATION STOCK		X										X						X										P
	A PLUS NETWORK INC STOCK		X										X						X										P
	ADDINGTON RESOURCES INC STOCK		X										X						X										P
	AIRTOUCH COMMUNICATIONS STOCK		X										X						X										
	ALCATEL ASTHOM AMERICAN STOCK		X										X						X										P
	THE APPLETREE COMPANY INC STOCK	X											X						X										
	BROADWAY & SEYMOUR INC STOCK		X										X						X										
	DISNEY (WALT) COMPANY STOCK		X										X						X										P
	DUKE POWER COMPANY STOCK		X										X							X									
	GENERAL ELECTRIC COMPANY STOCK		X										X						X										
	GIBRALTAR PACKAGING GROUP INC. STOCK	X											X						X										
	INTERCO INC STOCK		X										X						X										P
	LOWES COMPANIES INC STOCK			X									X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	MINNESOTA MINING & MFG CO (3M) STOCK		X										X							X									
	MOBIL CORPORATION STOCK		X										X							X									P
	MOTOROLA INC STOCK		X										X						X										S, P
	PACIFIC TELESIS GROUP STOCK		X										X							X									
	PFIZER INC STOCK		X										X							X									P
	PROCTER & GAMBLE CO STOCK		X										X						X										
	REPUBLIC INDUSTRIES INC STOCK		X										X						X										P
	BB&T (MERGED) SOUTHERN NATIONAL CORP NC STOCK		X										X							X									E
	TELEFONICA DE ARGENTIA SA STOCK		X										X						X										P
	TEXACO INC STOCK		X										X							X									
	UNIFI INC STOCK		X										X						X										
	WSMP INC STOCK		X										X						X										
	WACHOVIA CORP STOCK		X										X							X									
	FPA PARAMOUNT FUND INC M/F		X										X							X									
	GT GLOBAL LATIN AMERICAN GROWTH FUND CLA M/F		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

Page 6 of 19

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	CSX CORP STOCK	X											X						X										P, S
	TELEFONOS DE MEXICO CVSA STOCK	X											X						X										P, S
	AMERICAN GOVT INCOME PORTFOLIO STOCK	X											X								X								S
	B B & T STOCK	X											X						X										E
	HUMANA INC STOCK	X											X						X										S
	THIS LINE INTENTIONALLY LEFT BLANK																												
	WINSLOEW FURNITURE INC STOCK	X											X						X										S
	FREEPORT MCMORAN INC STOCK	X											X						X										S
	PRUDENTIAL SECURITIES BROKER ACCOUNT	- ASSET LISTED IN THIS SCHEDULE																											
	PRUDENTIAL MONEY MKT ASSETS FUND		X										X						X										
	FOLLOWING ITEMS HELD SEPERATELY: PLASTIC PACKAGING STOCK								X				X												X				
	RESOURCE TRUST IRA		X										N/A						N/A										
	QUALIFIED PENSION INC IRA		X										N/A						N/A										
	DELEWARE CHARTER IRA						X						N/A						N/A										
	PLASTIC PACAKAGING INC ESOP						X						N/A						N/A										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	DEAN WITTER TRUST CO BROKER ACCOUNT - ASSETS LISTED IN THIS SCHEDULE																												
SP	DW LIQUID ASSET FUND					X							X										X						
SP	ALCATEL ALSTHOM SPON ADR STOCK		X										X						X										P
SP	ARCHER DANIELS MIDLAND STOCK		X										X						X										
SP	AT&T CORP STOCK			X									X							X									
SP	BANK OF GRANITE STOCK				X								X								X								
SP	BRAZIL FUND STOCK			X									X							X									P
SP	GTE CORP STOCK			X									X								X								
SP	JEFFERSON PILOT CORP STOCK		X										X						X										P
SP	MOTOROLA, INC STOCK		X										X						X										P
SP	NATIONS BANK CORP STOCK		X										X							X									
SP	PEPSICO INC STOCK			X									X							X									
SP	PIEDMONT NATURAL GAS NC STOCK			X									X							X									
SP	SCHERING PLOUGH CORP STOCK		X										X							X									STOCK SPIN OFF
SP	SOUTHERN NAT'L CORP NC STOCK		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	TELEFONOS DE MX SA STOCK		X										X						X										P
SP	W R GRACE & CO STOCK					X							X									X							
SP	GOVT SECURITIES INCOME FUND US TSY 1 BOND		X												X					X									
SP	KEMPER TX EX INC TR 18 Q INCOME TRUST		X												X					X									
SP	NUVEEN MUNI NAT'L LT 198 S INCOME TRUST		X												X					X									
SP	NUVEEN MUNI NAT'L LT 183 Q INCOME TRUST	X													X				X										
SP	NC MUN PWR AGY 1 7% BONDS			X											X							X							
SP	HOMESTEAD EL WTR 5.6% BONDS		X												X						X								
SP	NC EASTN MUN 4.5% BONDS			X											X							X							
SP	NC MPA 1 REF 4.2% BONDS			X											X							X							
SP	CATAWBA HOSPITAL 5.2% BONDS		X												X						X								
SP	MANATEE WTR SWR 6.1% BONDS		X												X					X									
SP	MOORE CO GO 4.75% BONDS			X											X					X									
SP	CHARLOTTE GO-A 5.5% BONDS				X										X							X							P
SP	FAYETTEVL WKS 4.6% BONDS			X											X							X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	CABARRUS CO GO 4.5% BONDS		X												X					X										
SP	RHODE ISL GO 6.6% BONDS		X												X					X										
SP	MANATEE WTR SWR 9.3% BONDS		X												X					X										SHOWN SEPERATE IN 1995
SP	MOUNT AIRY GO 4.9% BONDS		X												X					X										
SP	WIS HLTH FACS AU 7.3% BONDS		X												X					X										
SP	US TSY NOTE 9.375%		X												X						X								
SP	US TSY NOTE 8.5%			X											X						X								
SP	GNMA POOL 0011301 8%		X												X					X									
SP	US TSY BONDS 9.125%		X												X					X									
SP	DE RIV PT ALRV BONDS	X													X				X										S
SP	US TSY BONDS 8.375%	X													X					X									S
SP	US TSY NOTE 7.75%	X													X					X									S
SP	PHOENIX CAPITAL APPRECIATION FUND			X									X								X								
SP	GT LATIN AMERICAN GROWTH FD-A		X										X						X										
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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	JC BRADFORD BROKER ACCOUNT		ASSETS LISTED IN THIS SCHEDULE																										
SP	AT&T CORP STOCK			X									X							X									
SP	AIRTOUCH COMMUNICATIONS INC STOCK		X										X						X										
SP	AMERICAN GOUT INCOME PORT STOCK		X										X							X									
SP	AMERITECH CORP STOCK		X										X							X									NAME MISPELL ON 1994
SP	AMOCO CORP STOCK			X									X							X									
SP	ANHEUSER BUSCH CO INC STOCK					X							X									X							
SP	BELL ATLANTIC CORP STOCK		X										X							X									
SP	BELLSOUTH CORP STOCK			X									X							X									
SP	CBI INDUSTRIES INC STOCK			X									X							X									
SP	CAROLINA FIRST BANCSHARES INC STOCK		X										X						X										
SP	COMMONWEALTH EDISON CO $1.90 PFD STK	X											X						X										
SP	EVEREN CAPITAL CORP - EXCH PFD STK SER A	X											X						X										STOCK SPIN OFF- KEMPER
SP	FIRST SAVINGS BANCORP INC-NC STOCK WAS: FIRST SAVINGS BANK MOORE CO		X										X						X										NAME CHANGE
SP	FIRST SOUTHEAST FINANCIAL CORP STOCK			X									X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	GTE CORP STOCK			X									X								X								
SP	GENERAL ELECTRIC STOCK	X											X						X										
SP	KEMPER CORP STOCK		X										X						X										
SP	NYNEX CORP STOCK		X										X							X									
SP	PACIFIC TELESIS GROUP STOCK		X										X							X									
SP	REPUBLIC INDUSTRIES INC STOCK			X									X						X										P
SP	SBC COMMUNICATIONS INC STOCK WAS: SOUTHWESTERN BELL CORP		X										X							X									NAME CHANGE
SP	TII INDUSTRIES INC STOCK		X										X						X										
SP	TAMBRANDS INC STOCK			X									X								X								MISPELLED NAME IN 1994
SP	TRANSPORT HOLDINGS INC-CLA STOCK	X											X						X										SPIN OFF FRO TRAVELERS GR
SP	TRAVELERS GROUP INC STOCK WAS: TRAVELERS INC				X								X							X									NAME CHANGE
SP	US WEST COMMUNICATIONS GROUP WAS: US WEST INC STOCK		X										X							X									NAME CHANGE
SP	US WEST MEDIA GROUP STOCK		X										X						X										STOCK SPIN OFF-US WEST
SP	WMX TECHNOLOGIES INC STOCK	X											X							X									S
SP	NEWTON NC SAN SWR 6.2% BONDS		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	NC MUNI PWR AGY 1 CATAWBA ELEC REV 6.5% BONDS		X												X					X									SHOWING SEPERATELY IN 1995
SP	NC MUN PWR AGY 1 CATAWBA ELEC REV - OID 6.5% BONDS			X											X						X								
SP	JC BRADFORD IRA ACCOUNT				X								N/A						N/A										
SP	PLASTIC PACKAGING INC STOCK					X							X								X								
SP	PLASTIC PACKAGING INC 401-K	X											N/A						N/A										
SP	FAO E BYRON DAVIS TRUST CMA MONEY FUND (50% INTEREST)	X											X						X										FINAL K-1 1995
	PLASTIC PACKAGING INC 401-K		X										N/A						N/A										
JT	JORDAN BRIDGE LOAN			X											X					X									
JT	L. BALLENGER LOAN	X													X				X										PAID OFF IN 1995
SP	BANK OF GRANITE BANK ACCT			X											X					X									
JT	BANK OF GRANITE BANK ACCT				X										X					X									
	CONGRESSIONAL FEDERAL CU BK ACCT			X											X					X									
	NATIONS BANK (2) BANK ACCTS			X											X					X									
JT	MARK WEAVER LOAN		X												X					X									NEW IN 1995

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C #=PARTNERSHIP INCOME Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	CADY ASSOCIATES (LOSS)	X												#					X										FINAL K-1 IN 1995
	OAK PLANTATION (LOSS)	X												#					X										
	AAI/FOREST HILLS (LOSS)	X												#					X										
	AAI/FOUR SEASONS (LOSS)	X												#					X										
	ARI/BRENTWOOD HIGHLANDS	X												#									X						FINAL K-1 IN 1995
	DYCOPETRO CO 1982-1 1983-1 1981-2 1984-1	X												#						X									
SP	OAK PLANTATION (LOSS)	X												#					X										
	SOUTHERN INNS (LOSS)	X												#					X										FINAL K-1 IN 1995
SP	MAJCO BUILDING SPECIALTIES	X												#								X							
SP	MCNEIL REAL ESTATE FUND XI (LOSS)	X												#					X										
	PRUTECH R & D (LOSS)	X												#					X										
SP	E BYRON DAVIS TRUST U/A	X											X									X							FINAL K-1 IN 1995
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	LINE INTENTIONALLY LEFT BLANK																												
	LINE INTENTIONALLY LEFT BLANK																												

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SCHEDULE IV — TRANSACTIONS

Name T. CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	AT&T CORPORATION COMMON STOCK	X			1-3-95	X									
	ADDINGTON RESOURCES INC COMMON STOCK	X			1-3-95	X									
	CSX CORPORTATION COMMON STOCK	X			1-3-95	X									
	CSX CORPORATION COMMON STOCK		X		6-6-95	X									
	PFIZER INC COMMON STOCK	X			1-3-95	X									
	TELEFONOS DE MEXICO CVSA COMMON STOCK	X			1-13-95	X									
	MOBIL CORP COMMON STOCK	X			1-17-95	X									
	TELEFONICA DE ARGENTINA SA COMMON STOCK	X			3-24-95 3-27-95	X X									
	ALCATEL ALSTHOM AMERICAN COMMON STOCK	X			7-28-95	X									
	INTERCO INCORPORATED COMMON STOCK	X			9-5-95	X									
	A PLUS COMMUNICATIONS COMMON STOCK	X			9-18-95	X									
	MOTOROLA INCORPORATED COMMON STOCK	X			10-16-95	X									
	DISNEY (WALT) COMPANY COMMON STOCK	X			10-30-95	X									
	REPUBLIC WASTE INDUSTRIES INC COMMON STOCK	X			11-6-95	X									
	TELEFONOS DE MEXICO CVSA COMMON STOCK		X		3-27-95	X									
	MOTOROLA INCORPORATED COMMON STOCK		X		6-6-95	X									

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SCHEDULE IV — TRANSACTIONS

Name T. CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	AMERICAN GOVERNMENT INCOME PORTFOLIO INC - COMMON STOCK		X		8-31-95		X								
	WINSLOEW FURNITURE INC COMMON STOCK		X		8-31-95	X									
	FREEPORT - MCMORAN COPPER & GOLD INC CLASS A COMMON STOCK		X		10-6-95	N/A									
	HUMAN INC COMMON STOCK		X		10-30-95	X									
SP	TRANSPORT HOLDINGS INC - CLA STOCK		X		1-17-95	N/A									
SP	DE RIV PT AU RV 9375 BOND		X		1-3-95	X									
SP	US TSY BOND 83750 BOND		X		8-15-95	X									
SP	US TSY NOTE 775 NOTE		X		2-13-95	X									
SP	WMX TECHNOLOGIES INC STOCK		X		11-6-95	X									
SP	PHOENIX CAP APPREC PORT CLA M/F (DIV REINV)	X			6-20-95 12-20-95	X									
SP	ALCATEL ALSTHOM SPON ADR STOCK	X			8-25-95	X									
SP	ARCHER DANIELS MIDLAND STOCK	X			STOCK DIV	N/A									
SP	BRAZIL FUND STOCK	X			7-5-95	X									
SP	JEFFERSON PILOT CORP STOCK	X			8-25-95	X									
SP	MOTOROLA INC STOCK	X			10-16-95	x									
SP	SCHERING PLOUGH CORP STOCK	X			STOCK DIV	N/A									

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SCHEDULE IV — TRANSACTIONS

Name T. CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
SP	TELEFONOS DE MX SA DE CV ADR STOCK	X			3-28-95	X									
SP	BELLSOUTH STOCK	X			STOCK DIV	N/A									
SP	CAROLINA FIRST BANCSHARES STOCK	X			STOCK DIV	N/A									
SP	EVEREN CAPITAL CORP EXCHPFD SER A STOCK	X			STOCK SPIN OFF	N/A									
SP	REPUBLIC INDUSTRIES INC STOCK	X			11-6-95	X									
SP	US WEST MEDIA GROUP STOCK	X			STOCK SPIN OFF	N/A									
SP	CHAROLOTTE GO-A 5.5% BOND	X			3-28-95			X							
	OIL WELLS: SCARMADO NO. 1 WELL	X			95	X									
	TROUSDALE NO. 1 WELL	X			95	X									

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Name T. CASS BALLENGER | Page 17 of 19

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	LABOR POLICY ASSOCIATION	MAR. 10-11	WASHINGTON, D.C. - WILLIAMSBURG,VA _ WASH., DC	Y	Y	Y	N
	FORT BEND CASA	APR 23-28	HICKORY, NC - HOUSTON, TX-HICKORY, NC	Y	Y	Y	3 DAYS

This page may be copied if more space is required.

Name T. CASS BALLENGER	Page 19 of 19

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
	SEE SCHEDULE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	SEE ATTACHED LETTER	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

BALLENGER, T. CASS

Form A. Section VIII Position:

Positions	Name of Organization
Chairman of the Board	Plastic Packaging, Inc.
Limited Partner	Associated Realty Investors
Limited Partner	Associated Apartment Investors
Limited Partner	Southern Inn Associated LTD.
Limited Partner	Oak Plantation Associated LTD.
Limited Partner	Prutech Research & Development Partnership
President	Ballenger Foundation, Non-Profit Foundation
Limited Partner	Dyco Petroleum

10th District, North Carolina
216 Cannon House Office Building
Washington, DC 20515
202-225-3576

COMMITTEES:
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515

381-10th Avenue Court, NE
Hickory, NC 28603
704-327-4100

P.O. Box 976
415 South Street
Gastonia, NC 28053
704-864-8922

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pmm

Enclosure

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honorariums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

The Honorable Cass Ballenger
February 25, 1987
Page 2

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
NANCY PELOSI, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS L. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTTUR, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not --

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The Honorable Cass Ballenger
October 27, 1990
Page 3

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $20,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

(2)
HAND DELIVERED

RECEIVED
96 MAY 15 PM 3:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC (Office Use Only)

Hon. James A. Barcia
(Full Name)

1410 Longworth H.O.B.
(Mailing Address)

Washington DC 20515
Daytime Telephone: 202 225-8171

Filer Status				
	[X] Member of the U.S. House of Representatives	State: MI District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: James A. Barcia

DATE (Month/Day/Year): 5/15/96

Name Hon. James A. Barcia | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples.* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Michigan Employee Retirement System	$15,001 - $50,000	Retirement		
	Michigan Deferred Compensation Plans	$1,001 - $15,000	Retirement		
	Michigan National Bank Accounts	$15,001 - $50,000	Interest	$201 - $1,000	
	40 acres, Bordaux Road Standish, Michigan	$15,001 - $50,000			
JT	Copoco Credit Union, Bay City, Michigan	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Comerica, Inc. - Stocks	$1,001 - $15,000	Dividends	$201 - $1,000	
JT	Riegel Energy Corp. Stock	$1,001 - $15,000	Dividends	None - $200	
JT	Total Petroleum North America Stock, Ltd	$1,001 - $15,000	Dividends	None - $200	
JT	Renaissance Money Market Fund	$1,001 - $15,000	Dividends	$201 - $1,000	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

96 JUN 14 AM 10:01
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(5)

HAND DELIVERED

MC (Office Use Only)

BOB BARR
(Full Name)

1607 LONGWORTH
(Mailing Address)

WASHINGTON DC 20515 — Daytime Telephone 202/225-2931

Filer Status	☑ Member of the U.S. House of Representatives	State: GA District: 07	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year)

Name BOB BARR | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	COBB FAMILY RESOURCES, MARIETTA, GA	SPOUSE SALARY	N/A
	THE BARR LAW FIRM, P.C., MARIETTA, GA	DISTRIBUTION FROM S CORPORATION FOR LEGAL SERVICES PREVIOUSLY PROVIDED	$ 9,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB BARR

Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	THE BARR LAW FIRM, P.C.	✓																	✓										
SP	IRA, SUNTRUST			✓											✓					✓									
JT	CHECKING ACCOUNT, SUNTRUST		✓												✓				✓										
SP	IRA, MUTUAL OF AMERICA			✓											✓					✓									
SP	IRA, COBB FEDERAL		✓												✓					✓									
SP	C-MAR CREDIT UNION	✓											✓						✓										

For additional assets and unearned income, use next page.

Name BOB BARR | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SUNTRUST BANK, MARIETTA, GA	NOTE	✓									
JT	CONGRESSIONAL FED. CR. UNION	CREDIT CARD CONSOLIDAT-										
		ION LOANS		✓								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BOB BARR	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	THE BARR LAW FIRM, P.C., MARIETTA, GA.
BOARD MEMBER	ATLANTA TASK FORCE FOR THE HOMELESS, ATLANTA, GA.
BOARD MEMBER	FEDERALIST SOCIETY ADVISORY BOARD, ATLANTA, GA.
BOARD MEMBER	WASHINGTON LEGAL FOUNDATION NATL. ADVISORY BOARD

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12/94	THE BARR LAW FIRM, P.C., MARIETTA ~~ATLANTA~~ GA	DEFERRED PAYMENT OF ANY FEES FOR LEGAL SERVICES RENDERED BEFORE ENTERING CONGRESS

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(a) LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 3:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

WILLIAM E. BARRETT
(Full Name)

505 W. 17TH STREET
(Mailing Address)

(308) 324-6044
Daytime Telephone

LEXINGTON, NE 68850

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NEBRASKA District 3	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: x William E. Barrett

DATE (Month/Day/Year): 5/14/96

Name	WILLIAM E. BARRETT	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: WILLIAM E. BARRETT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	COMMERCIAL LOT, 9TH & LINCOLN LEXINGTON, NE 68850			X																									
	COTTONWOOD NORTH (50% OF CORP.) 2100 N. ADAMS PLAZA, LEXINGTON, NE							X						X										X					
	BARRETT-HOUSEL INS. (56% OF CORP.) LEXINGTON, NE 68850					X								X	X	X								X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM E. BARRETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	CRESTAR BANK		X												X				X										
	HOME FEDERAL			X											X					X									
	RIGGS NATIONAL		X												X					X									
	FARMERS STATE BANK - STOCK			X									X										X						
	GENERAL MOTORS - STOCK		X										X							X									
	KANSAS NEBRASKA - STOCK		X										X							X									
	ELECTRONIC DATA SYSTEMS - STOCK	X											X						X										
	GM HUGHES ELECTRONIC - STOCK	X											X						X										
	LEXINGTON, NE - BOND		X												X					X									Gift from relative
	NEBRASKA PUBLIC POWER - BOND		X												X					X									P
	OMAHA PUBLIC POWER - BOND		X												X					X									P
	INTEL CORP. - STOCK		X										X							X									P
	Zoom Electric - stock		X										X						X										P
	Metaclad Corp. - stock		X										X						X										P

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM E. BARRETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Nebraska Public Power - bond	X			5-15-95	X									
	Omaha Public Power - bond	X			6-9-95	X									
	INTEL Corp. - stock	X			10-31-95	X									
	Zoom Electric Inc. - stock	X			11-9-95	X									
	Metaclad Corp. - stock	X			11-9-95	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	LEXINGTON STATE BANK, LEXINGTON, NE	MORTGAGE ON COTTONWOOD APTS					X					
	HOME FEDERAL SAVINGS, LEXINGTON, NE	MORTGAGE ON HOME	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	HASTINGS COLLEGE, HASTINGS, NE (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(9) 96 MAY 15 PM 3:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Thomas M. Barrett
(Full Name)

1224 Longworth House Office Building
(Mailing Address)

202-225-3571
Daytime Telephone:

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: WI District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Thomas M. Barrett

DATE (Month/Day/Year) 5/15/96

Name Thomas M. Barrett	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A Congressional salary sole source of earned income		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
N/A				

This page may be copied if more space is required.

Name Thomas M. Barrett | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	20th Century Select-Dfrd. Comp.			X												X							X						
	20th Century Growth-Dfrd. Comp.			X												X						X							
	Great West Life-Dfrd. Comp.			X											X						X								
	Equitable Fund IRA Account		X												X						X								
	Educators Credit Union IRA Account		X										X							X									
	Equitable Bank IRA Account		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Barrett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	United States Treasury Bill			X											X							X								Came due
	Kilbourn State Bank			X											X				X											opened 12/2
	Educators Credit Union Money Market	~~X~~	~~X~~	X											X				~~X~~	X									
	Security Bank IRA Account – closed 4/14/95		X												X				X										
	Wisconsin retirement System			X											X					X									

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Barrett

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	United States Treasury Bill (matured)		X		12-28-96		X								

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Name Thomas M. Barrett | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Dr. Roscoe G. Bartlett
(Full Name)

322 Cannon House Office Building
(Mailing Address)

Daytime Telephone

Washington, DC 20515 — 202-225-2721

Filer Status	[xx] Member of the U.S. House of Representatives — State: MD District: 6th	[ ] Officer or Employee	Employing Office
Report Type	[xx] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [xx]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [xx]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 5/10/96

Name	Page
Dr. Roscoe G. Bartlett	2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Maryland State Retirement Systems	Pension	$12, 924.78

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Dr. Roscoe G. Bartlett

Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Lot 49- Thurmont East 1/2 acre lot- Thurmont, MD				x														x										
	13325 Warner Road-Keymar, MD 21757 Land Installment Contract:Frederick				x										x								x						
	Sprule Knob Lake Forest Service Road 153 acres, Pocahontas Co., WV- 2 houses					xx													x										
	80 acres, Onaway, MI- w/ buildings Six Mile Road				x														x										
	4317 Buckeystown Pike 85.3 acres, Frederick Co., MD								x					x										x					
	4317 Buckeystown Pike 18.9 acres, Frederick Co., MD Apartment bldg								x					x										x					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dr. Roscoe G. Bartlett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None - $1,000; B $1,001 - $15,000; C $15,001 - $50,000; D $50,001 - $100,000; E $100,001 - $250,000; F $250,001 - $500,000; G $500,001 - $1,000,000; H $1,000,001 - $5,000,000; I $5,000,001 - $25,000,000; J $25,000,001 - $50,000,000; K Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None - $200; II $201 - $1,000; III $1,001 - $2,500; IV $2,501 - $5,000; V $5,001 - $15,000; VI $15,001 - $50,000; VII $50,001 - $100,000; VIII $100,001 - $1,000,000; IX $1,000,001 - $5,000,000; X Over $5,000,000	P, S, E
	Money Market Account-- Frederick Co. National Bank	B: x		I: x	campaign loan 10-91
	Precious metals	C: x		I: x	
	Mortgage, Thurmont, MD Dan & Gloria Ryals	D: x	INTEREST: x	V: x	
	Mortgage, Berkley Springs, WV ~~Heidi & Marcos Marte~~	C: x	INTEREST: x	IV: x	
	Putnam bonds	C: x	INTEREST: x	III: x	
	Mortgage, Thurmont, MD Ken Dougherty	D: x	INTEREST: x	V: x	
	Johns Hopkins Univ/APL Retirement Acct	C: x		I: x	campaign loan 9-10/

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Name	Page 5 of 5
Dr. Roscoe G. Bartlett	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Utility Battery Group	Nov 2-3	DC--Charlotte,NC--DC	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

JOE LINUS BARTON
(Full Name)

2264 RAYBURN HOUSE OFFICE BLDG. 202-225-2002
(Mailing Address) Daytime Telephone:

WASHINGTON, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Joe Barton

DATE (Month/Day/Year) MAY-15-1996

Name JOE BARTON | Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	AIR DAILY NEWSLETTER, WASHINGTON, DC	SPEECH	3/27/95	$1,000.00
	THE REFRACTORIES INSTITUTE, PITTSBURGH, PA	SPEECH	3/13/95	$500.00
	NORTHERN NATURAL GAS COMPANY, WASHINGTON, DC	SPEECH	4/28/95	$2,000.00
	CAN MANUFACTURERS INSTITUTE, WASHINGTON, DC	SPEECH	5/24/95	$2,000.00
	GENERIC PHARMACEUTICAL INDUSTRY ASSOCIATION WASHINGTON, DC	SPEECH	9/28/95	$2,000.00
	AMERICAN PUBLIC COMMUNICATIONS COUNCIL, INC. FAIRFAX, VIRGINIA	SPEECH	10/25/95	$1,000.00
	CONG. JOE BARTON BUDGET SIMULATION SEMINAR PUBLIC MTG. / ARLINGTON, TX.	BUDGET SEMINAR PUBLIC CONFERENCE	4/22/95	$379.20

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOE BARTON

Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	Examples: 123 Main St., Dover, Del.							X						X											X				
JT	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
JT	FIRST NAT'L BANK-ENNIS				X										X						X								
JT	CONG. FEDERAL CREDIT UNION		X												X				X										
JT	CONG. FEDERAL CREDIT UNION	X													X				X										
JT	ENNIS BUSINESS FORMS			X									X								X								
JT	ATLANTIC RICHFIELD COMP. STOCK			X									X							X									
JT	TEXAS UTILITIES CO. STOCK		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOE BARTON

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	WAL-MART CO. STOCK		X										X						X										
JT	REEBOK CO. STOCK		X										X						X										
JT	SOUTHWESTERN BELL STOCK		X										X						X										
JT	CRIPPLE CREEK CONDO.			X										X						X									
JT	CMI CORP. - OKLA. CLA												X						X										
JT	RETIREMENT CARE ASSOC., INC.												X						X										
JT	TANDYCRAFTS INC.												X						X										

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Name JOE BARTON | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	MEMBERS MORTGAGE	MORTGAGE ON CRIPPLE CREEK CONDO		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name JOE BARTON | Page ___ of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	TX. SOCIETY OF PROFESSIONAL ENGINEERS-MATHCOUNTS AUSTIN, TX.	3/4/95	DFW-AUSTIN-DFW FLIGHT FOR JOE BARTON	N	N	Y-Janet Barton spouse	N
	NATIONAL ASSOCIATION OF BROADCASTERS, WASHINGTON, DC	4/8-10/95	DFW-LAS VEGAS-DFW FLIGHT FOR JOE & JANET	Y-2 nights	Y-3 days	Y-JANET BARTON SPOUSE	N
	UT BUSINESS & GOVT. ALLIANCE CLUB, SCHOOL O' BUSINESS, UT, AUSTIN, TX	4/18/95	DFW-AUSTIN-HOUSTON FLIGHT FOR JOE BARTON	N	N	N	N
	AMERICAN GAS ASSOCIATION WASHINGTON, DC	4/25/95	DALLAS LOVE FIELD-AUSTIN-FLIGHT FOR JOE BARTON	N	N	N	N
	CONGRESSIONAL INSTITUTE WASHINGTON, DC	5/3-5/95	BUS SERVICE FROM DC TO LEESBURG, VA & BACK	Y-2 nights	Y-3 days	yes-Janet Barton spouse	N
	U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON SCIENCE, DC	8/7/95	LOVE FIELD (DALLAS) TO HOUSTON HOBBY / FLIGHT FOR JOE BARTON	N	Y-lunch	N	N
	PFIZER CORPORATION GROTON, CONN.	9/25-26/95	DFW-DC ON AMERICAN AIR. DC-CONN. ON COMPANY PLANE	Y-1 night	Y-2 days	Y-Janet Barton spouse	N
	AMERICAN PUBLIC COMMUNICATIONS COUNCIL, FAIRFAX, VA.	10/27/95	DC-NASHVILLE, TN-DFW FOR JOE BARTON FLIGHT	N	N	N	N
	TXHP. INDEPENDENT PRACTICE ASSOCIATION, OAKLAND, CA.	10/6/95	DALLAS-AUSTIN ON DELTA PRIVATE PLANE FROM AUSTIN TO SAN ANT.	Y-1 night	Y-1 day	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 4:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

CHARLES F. BASS
(Full Name)

P.O. BOX 210
(Mailing Address)

603-924-3303/202-225-5206
Daytime Telephone

PETERBOROUGH, N.H. 03458

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL	**DATE** (Month/Day/Year)
	5-1-96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HIGH STANDARD, INC	DIRECTORS FEE	9,100.
	CAP INDUSTRIES, INC	DIRECTORS FEE	9,100.
	WAVELENGH SALON	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	CHUBB LIFE AMERICA to HONADNOCK WORKSOURCE	Speech		$500.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CHARLES F. BASS | Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	BASS PARTNERS											X		X	X									X					
	IRA / AG EDWARDS,																												
	P.O. BOX 353, GREENFIELD MA				X																								
	NUCOR CORP			X									X							X									
	PETERBOROUGH SAVINGS BANK																												
	(AKA PRIMARY BANK)			X											X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES F. BASS

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	REAL ESTATE, STAR RT 1, EDGARTOWN MA				X										NO INCOME														
	CAP INDUSTRIES STOCK					X									NO INCOME														
	GRANITE BANK		X												X				X										
	PATRIAN FEDERAL CREDIT UNION		X												X				X										
	US TREASURY SECURITY 5-15-14		X																X										
SP	PETERBORO SAVINGS (AKA TRINARY)			X											X					X									
JT	HILFORD RECAP LIMITED PTNR.			X											NO INCOME														
	CHL GROUP INC.		X										X						X										
SP	IRA/AGEDWARDS			X											NO INCOME														

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SCHEDULE IV — TRANSACTIONS

Name CHARLES F. BASS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	REAL ESTATE, CENTER RD, ~~BAN~~ HILLSBORO, N.H.		X		5-95			X							
	LANCASTER BANK COMMON STOCK	X					X								
JT	HILFORD RECAP LIMITED PTNR	X					X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	CITICORP MORTGAGE	MORTGAGE, BASS PTNRS					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 AM 9 10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Honorable Herbert H. Bateman
(Full Name)

2350 Rayburn House Office Building
(Mailing Address)

Washington D.C. 20515 — Daytime Telephone (202) 225-4261

Filer Status	[X] Member of the U.S. House of Representatives	State Virginia District 1st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/9/96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Virginia - Retirement system	pension	2,737.08

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Herbert H. Bateman

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock			X								X							X									P
			123 Main St., Dover, Del.						X						X											X				
			1st Bank of Paducah, KY accounts				X									X						X								
JT	.70 acre commercial lot- Hampton, VA							X							X								X							
JT	parking space, Horizon House, Arl, VA			X											X						X									
	Legg-mason value trust mut. fund				X									X			X						X							P -additional shares
	Legg-mason high yeild portfolio				X											X						X								" "
	Templeton world fund - mut. fund			X										X		X							X							" "
	Templeton world fund - retirement accts						X							X		X								X						" "

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Herbert H. Bateman

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	Templeton world fund retirement acct			X									X			X						X							P-additional shares
	Telefonos de Mexico		X										X						X										S
	Avalon Prop. Inc.		X										X						X										P
	K-Mart		X																										S
	Camden Prop. Trust		X										X						X										P
	USF & G Stock		X										X						X										
	Westinghouse FL Stock		X										X						X										
	Smithfield Food Stock																												
	VA Supply Retirement System			X																		X							
	Jefferson Natl Bank Stock		X																	X									
S	Interest Estate of Laura Yacobi				X																								
	Tidemark Bank mixed with Crestar Bank		X										X						X										
	Nation Bank - checking account														X				X										
S	Prudential Insurance														X				X										
	Cong Federal Credit Union														X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Herbert H. Bateman

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Nextel		X																										S

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SCHEDULE IV — TRANSACTIONS

Name Herbert H. Bateman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
S	Legg-mason value trust	X			various	X									
S	Templeton world fund (reinvest)	X			various	X									
	Templeton would fund (reinvest)	X			various	X									
	Templeton world fund (retirement acts)	X			various		X								
S	Legg-mason High Yeild Portfolio	X			various	X									
	K-Mart		X		12/95	X									
	Avolon Prop Inc.	X			6/95	X									
	Camden Prop Inc.	X			6/95	X									
	Telefone de Mexico		X		12/95	X									
	Nextel Communication		X		12/95	X									

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Name	Herbert H. Bateman	Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None over 10,000											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
No reportable gifts		

Use additional sheets if more space is required.

Name Herbert H. Bateman

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assn. American Railroads	7/7-7/10	Wash D.C. - Jackson Hole WY	Y	Y	Y	2 days
	U.S. Merchant Marine Academy						
	Kings Point, New York	9/9-10/95	Wash D.C. - NYC - Wash D.C.	Y	Y	Y	N
	Senator Hetch Utah Congressional						
	Golf Challange	8/20-23/95	Wash D.C.- Salt Lake City Park City - Salt Lake City	Y	Y	Y	N
	Danny Thompson Memorial						
	Golf Tournament	8/23-27/95	Salt Lake City - Sun Valley ID	Y	Y	Y	N
	Lockhead Martin	8/27/95	Sun Valley, In - Wash D.C.	N	Y	Y	N
	Maritime Trades Dept. AFL-CIO	9/20/95	Wash D.C. - NYC - Wash D.C	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

(1)

96 MAY 15 PM 4:57

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Xavier Becerra

(Full Name)

2435 Colorado Blvd. #200

(Mailing Address)

Los Angeles, CA 90041

Daytime Telephone

(213)550-8962

Filer Status	[X] Member of the U.S. House of Representatives	State CA Distnct 30	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)

200

Name	Page 2 of 7
Xavier Becerra	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	University of Southern California School of Medicine	Spouse Salary	NA
	Hoechst, Marion, Rousel	Consulting Fee	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Xavier Becerra

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Home Savings - Checking Acct.		X												X					X									
	Becerra for Congress - Loan	X													X					X									Repaid 8/1
	1005 E. Mooney Dr., Monterey Park					X								X									X						
	1633 Hill Drive, LA, CA						X							X								X							
	Congressional Federal Credit Union - Checking Acct.		X												X					X									
	Allstate Insurance - IRA		X												X						NA								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	MFS Total Return Fund		X										X							X									
	MFS Total Return Fund		X										X							X									

This page may be copied if more space is required.

Name	Xavier Becerra	Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wells Fargo Bank	1005 E. Mooney Mortgage-Monterey Park, CA			X							
	Bank of America	Mortgage - 1633 Hill Dr. LA, CA					X					
	Staffmrd Loan - Boston, MA	Education Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
National Association of Latino Appointed & Elected Officials	June 24-25	LA - Austin, TX - LA	Y	Y	N	N

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Name	Xavier Becerra	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Board of Governors	Los Angeles Metropolitan Project (LAMP)
Trustee	Pitzer College
Board Member	National Association of Latino Appointed & Elected Officials (NALEO)
Board Member	Congressional Hispanic Caucus Institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Anthony C. Beilenson
(Full Name)

2465 Rayburn House Office Building
(Mailing Address)

202/225-5911
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: California District: 24th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

Name	Page 1 of 6
Anthony C. Beilenson, M.C.	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honorana; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Legislators' Retirement System (California)	Legislative Pension	$12,340
	Honoraria	Honoraria	NONE

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Anthony C. Beilenson

Page 2 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	U.S. Treasury bills				X										X								X						
JT	Chevy Chase Federal Savings Bank			X											X				X										
JT	Riggs National Bank				X										X							X							
JT	Loyola Federal Savings Bank			X											X						X								
JT	Maryland Federal Savings & Loan					X									X								X						
JT	Cash Equivalent Fund		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anthony C. Beilenson, M.C.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	State of Israel (bond)		X												X					X									
JT	Congressional Federal Credit Union		X												X				X										
JT	Wickliffe, KY (municipal bond)		X												X					X									S
	COMMON STOCKS:																												
JT	Advance Technology Labs			X									X						X										P
JT	Analog Devices				X								X						X										S
JT	Atlas Consolidated Mining		X										X						X										
JT	Coast Savings			X									X						X										P
JT	Czech Republic Fund			X									X							X									P
JT	Diagnostic Products Corp.			X									X							X									
JT	Fairfield First Bank & Trust		X										X						X										
JT	Genesco		X										X						X										
JT	Glaxo Holdings			X									X							X									
JT	Human Genome Science			X									X						X										
JT	Immunogen, Inc.		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anthony C. Beilenson, M.C.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Mellon Bank			X									X							X									
JT	Mylan Labs				X								X							X									
JT	Pier One Imports			X									X						X										P
JT	Senetek ADR			X									X						X										S
JT	WMX Technologies			X									X						X										S

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SCHEDULE IV — TRANSACTIONS

Name Anthony C. Beilenson, M.C. Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Advanced Technology Labs	X			03/09/95		X								
JT	Analog Devices		X		11/06/95		X								
JT	Coast Savings	X			06/07/95		X								
JT	Czech Republic Fund	X			12/18/95		X								
JT	Pier One Imports	X			02/10/95		X								
JT	Senetek ADR		X		12/18/95	X									
JT	Wickliffe, KY (municipal bond)		X		01/12/95		X								
JT	WMX Technologies		X		03/09/95		X								

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Name	Anthony C. Beilenson, M.C.	Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	April 17-22	Wash,DC-St.Croix-Wash,DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

(8)

MC HAND DELIVERED
(Office Use Only)

Kenneth Edward Bentsen, Jr.
(Full Name)

128 Cannon House Office Building, U.S. House of Representatives
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-7508

Filer Status	[X]	Member of the U.S. House of Representatives	State TX District 25	[ ]	Officer or Employee	Employing Office
Report Type	[X]	Annual (May 15)		[ ]	Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: K. E. Bentsen

DATE (Month/Day/Year): 5-15-96

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	George K. Baum & Company	Deferred 1994 Compensation	$40,589.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude**: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Southwest Airlines	$1,001 - $15,000	Dividends	None - $200	NA
Fidelity Equity Portfolio Inc.	None - $1,000	Dividends and Cap Gains	None - $200	S
Fidelity Equity Portfolio	$1,001 - $15,000	Dividends and Cap Gains	None - $200	S
Fidelity Puritan IRA	$15,001 - $50,000	Dividends and Cap Gains	$2,501 - $5,000	NA
Fidelity Magellan IRA	$15,001 - $50,000	Dividends and Cap Gains	$5,001 - $15,000	NA
Fidelity Capital & Income IRA	$1,001 - $15,000	Dividends	$1,001 - $2,500	NA
Fidelity Cash Reserves	None - $1,000	Interest	None - $200	NA
GKB Profit Share Account	$1,001 - $15,000	Dividends and Cap Gains	$1,001 - $2,500	NA
1/31/96 Year End				

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	GKB 401(k)	$15,001 - $50,000	Dividends and Cap Gains	$5,001 - $15,000	NA
	1/31/96 Year End				
SP	Fidelity Puritan IRA	$1,001 - $15,000	Dividends and Cap Gains	$1,001 - $2,500	NA
SP	Fidelity Magellan IRA	$1,001 - $15,000	Dividends and Cap Gains	$1,001 - $2,500	NA
	New Street Capital Corp	None - $1,000	Dividends	None - $200	E
	Estate of Edna Ruth Bentsen	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT	Property at 2125 Goldsmith	$250,001 - $500,000	Rent	$5,001 - $15,000	NA
	Houston, Texas				
	Kenneth E. Bentsen, Jr. 1991 Trust Estate of Lloyd M. Bentsen, Sr.				
	Bentsen, Sr.	$100,001 - $250,000	Dividends	None - $200	NA
	1987 Trust from Lloyd M.				
	Bentsen, Sr.	$15,001 - $50,000	Dividends	None - $200	NA
	Estate of Edna Ruth Bentsen LMB Partnership	$100,001 - $250,000	Dividends	None - $200	NA

Name Kenneth Edward Bentsen, Jr | Page 5 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Fidelity Equity Portfolio Income	Sold	1/19/95	$1,001 - $15,000

Name Kenneth Edward Bentsen, Jr. | **Page** 6 **of** 8

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Chemical Mortgage Company	Mortgage on 2125 Goldsmith	$100,001 - $250,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments; or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
College Democrats of America	2/4-5/95	Houston-San Antonio-Houston	Y	N	Y	Yes

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 2

Date	Parties To	Terms of Agreement
12/24/94	Kenneth E. Bentsen, Jr. and George K. Baum & Company	Deferred compensation due from work in 1994

KENNETH E. BENTSEN, JR.
25TH DISTRICT, TEXAS

178 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4325
202-225-1508
202-225-2947 FAX
email: bentsen@hr.house.gov
http://www.house.gov/bentsen/welcome.html

COMMITTEES:
BANKING AND FINANCIAL SERVICES
SUBCOMMITTEE ON CAPITAL MARKETS, SECURITIES AND GOVERNMENT SPONSORED ENTERPRISES

SMALL BUSINESS
SUBCOMMITTEE ON TAX AND FINANCE
SUBCOMMITTEE ON REGULATION AND PAPERWORK

REGIONAL WHIP

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515–4325

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96 JUN 12 PM 12:
COMMITTEE ON STA

DISTRICT OFFICES
515 RUSK
SUITE 12102
HOUSTON, TX 77002
(713) 718-4100
(713) 228-7823 FAX

1001 E. SOUTHMORE
SUITE 610
PASADENA, TX 77502
(713) 473-4334
(713) 475-8887 FAX

3340 E. FREEWAY, SUITE 106
HOUSTON, TX 77015
(713) 453-2525

2440 TEXAS PARKWAY
SUITE 290-E
MISSOURI CITY, TX 77489
(713) 261-5450

June 10, 1996

Robin H. Carle
Clerk of the House
H-154
U.S. House of Represenatives
Washington, D.C. 20515

1

MC

Re: Financial Disclosure Statement for Calendar Year 1995

RECEIVED
96 JUN 13 PM 3:2
OFFICE OF
U.S. HOUSE OF REPRESENTATIVES
LEGISLATIVE RESOURCE CENTER

Dear Ms. Clark:

My Financial Disclosure Statement for Calendar Year 1995 contains two entrys under Schedule III of which I only recently became aware were assets and therefore were not listed on my previous report. First, I only recently became aware that a trust, the 1987 Trust from Lloyd M. Bentsen, Sr., had been established in my benefit. It is now listed. Second, I only recently became aware that another trust, the Estate of Edna Ruth Bentsen, which I had previously listed additionally contained shares in the LMB Partnership (formerly LMB Corporation a family held entity). I have listed the additional asset.

Please do not hesitate to contact me if you have any questions.

With kindest personal regards,

Sincerely,

Kenneth E. Bentsen, Jr.
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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LEGISLATIVE RESOURCE CENTER
96 MAY 15 AM 10: 30
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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

10

DOUGLAS KENT BEREUTER
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-4806

Filer Status	[X] Member of the U.S. House of Representatives	State: Nebraska District: 1st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Douglas Bereuter

DATE (Month/Day/Year): May 15, 1996

Name	DOUGLAS KENT BEREUTER	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Arlington County - Virginia School Board	Spouse Salary	Income

For payments to charity in lieu of honoraria, use Schedule II.

Name	DOUGLAS KENT BEREUTER	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DOUGLAS KENT BEREUTER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	DC 123 Main St., Dover, Del.							X						X											X				
	JT 1st Bank of Paducah, KY accounts					X									X							X							
JT	Savings Account, Calvert Group Bethesda, MD		X												X				X										
DC	Savings Account, Calvert Group Bethesda, MD (Kirk)		X												X				X										
SP	IRA Account, U.S.A.A., San Antonio, Texas			X											X				N/A										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOUGLAS KENT BEREUTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	IRA Account, U.S.A.A.			X											X					N/A									
	San Antonio, Texas																												
SP	Retirement Account, Teachers			X										N/A						N/A									
	Retirement Fund, Arlington, VA																												
JT	Checking Account, First Virginia Bank		X												X				X										
	Falls Church, Virginia																												
JT	Checking Account, Cornhusker Bank,		X												X				X										
	Lincoln, Nebraska																												
S	One-quarter shareholder in family corporation owning 38 acres of land					X								N/A					X										
E	and residence in unincorporated portion of Summit County, Colorado																												
L	and a parcel with storage building in Utica, Nebraska; and shared interest																												
F	with extended family of farmland and pastureland in Reno County, Kansas.																												
	My individual interest in the Reno County real estate is 1/24 and 1/36																												
	of separate parcels. No earned income																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOUGLAS KENT BEREUTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
DC	NOW Account, First Virginia Bank	X													X				X										
	Falls Church, Virginia (Kirk)																												
JT	Mutual Funds, U.S.A.A.			X									X		X	X					X								
	San Antonio, Texas																												
DC	Mutual Funds, U.S.A.A.			X									X		X						X								
	San Antonio, Texas (Kirk)																												
SP	403B(7) Account, U.S.A.A.			X										N/A					X										
	San Antonio, Texas																												
DC	Citizens-Jackson County Bank Checking	X												N/A					X										
	Kansas City, Missouri (Kirk) (name changed to Merchantile Bank during 1995)																												

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SCHEDULE IV — TRANSACTIONS

Name DOUGLAS KENT BEREUTER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NONE														

This page may be copied if more space is required.

Name DOUGLAS KENT BEREUTER

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE REPORTABLE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Conference on UN Peacekeeping and Lessons for American Policy. St. Croix, US Virgin Islands	April 17-21	Wash., D.C.-Miami-St. Croix St. Croix-Miami-Wash., D.C.	Y	Y	N	N
	Aspen Institute Conference on International Trade and U.S. Economy. Quebec, Canada	Aug. 13-18	Wash., D.C.-Toronto-Quebec Quebec-Montreal-Wash., D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	Nebraska Wesleyan University, Lincoln, Nebraska

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

PO: 1996 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER (9)
96 MAY 23 PM 1:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

2231 Rayburn Building — 202 225-4695
(Mailing Address) — Daytime Telephone:

Washington, D.C. 20515

Filer Status	[XX] Member of the U.S. House of Representatives — State: CA District: 26th	[XX] Officer or Employee	Employing Office: HOWARD L. BERMAN
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [XXX]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [XX]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [XXX]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XXX]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Howard L. Berman — DATE (Month/Day/Year): 5/23/96

Name HOWARD L. BERMAN	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
NONE			

For payments to charity in lieu of honoraria, use Schedule II.

Name	HOWARD L. BERMAN	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Connell Company Westfield, New Jersey	Speech	Oct. 30, 1995	$2,000
	California Cable TV Association Oakland, CA	Speech	Dec. 1, 1995	$1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name HOWARD L. BERMAN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	NONE																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name HOWARD L. BERMAN

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	NONE															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union Washington, D.C.	Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	World Economic Forum	Jan.27-30 1995	Washington, D.C. to Davos, Switzerland to Washington, D.C.	Y	Y	N	N
	Center for Strategic & International Studies	Aug. 7-13 1995	Los Angeles--Hong Kong --Beijing--Taipei-- Los Angeles	Y	Y	N	N
	Brookings Institute	Aug.22-30 1995	Los Angeles--Tokyo --Los Angeles	Y	Y	Y	3 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Tom Bevill
(Full Name)

3827 North Military Road
(Mailing Address)

Arlington VA 22207

Daytime Telephone: 202 225-4876

MU

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A $200 penalty shall be assessed against anyone who files more tha 30 days late.

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL Tom Bevill

DATE (Month/Day/Year) 5/14/96

Name Tom Bevill	Page ___ of __

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Department of Army	Pension	9,265.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Tom Bevill | Page ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Spouse Lou Betts Bevill has 1/4 interest in plot of land (10 acres) in McCalla, AL	$50,001 - $100,000	No Income	NA	
SP	Merrill Lynch IRA Account for Lou Betts Bevill 1982-1995 (consists of Federal Securities NOT SELF DIRECTED)	$1,001 - $15,000	Interest	$201 - $1,000	
	Merrill Lunch IRA Account for Tom Bevill 1982 - 1995 (Consists of Federal Securities NOT SELF DIRECTED	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Merrill Lynch Capital Builder Account for Tom & Lou Bevill Consists of Washington Gas Light Stock, Alabama Bonds	$100,001 - $250,000	Dividends	$2,501 - $5,000	P
JT	Wright Patman Congressional Credit Union Washington, DC	$1,001 - $15,000	Interest	$201 - $1,000	

Name Tom Bevill | Page ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	First Virginia Bank Account Falls Church, VA	$1,001 - $15,000	Interest	$201 - $1,000	
JT	U. S. Treasury, U S Savings Bonds Series EE	$15,001 - $50,000	No Income	NA	
SP	APCO Employee Credit Union Birmingham, AL	$1,001 - $15,000	Interest	$201 - $1,000	

Name Tom Bevill	Page ____ of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	Merrill Lynch Capital Builder Account for Tom and Lou Bevill purchased tax free Alabama Municipal bonds	Purchase	12/95	$15,001 - $50,000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Brian Phillip Bilbray
(Full Name)

1004 Longworth House Office Building
(Mailing Address)

Washington, DC

Daytime Telephone: (202) 225-2040

Filer Status	[x] Member of the U.S. House of Representatives	State: CA District: 49	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Sam B. Bilbray

DATE (Month/Day/Year) 5/15/96

Name	Brian Phillip Bilbray	Page 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bilbray Tax Service	Spouse, self-employment	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Brian Phillip Bilbray

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	USAA Money Acct.		X										X																
JT	San Diego County Credit Uion Accts		X												X														
DC	Wells Fargo Acct		X												X														
DC	Wells Fargo Acct		X												X														
JT	Hexcel Stock		X										X																

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Michael Bilirakis
(Full Name)

2240 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-5755

Filer Status	[X] Member of the U.S. House of Representatives — State: FL District: 9	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Michael Bilirakis

DATE (Month/Day/Year): 5/14/96

250

Name	Page
Michael Bilirakis	2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Estate of Birdie Theders Tavenner	Personal Representative	4,317.11

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
National Food Processor Assn. - Honoraria given to Greek Orthodox Diocese of Atlanta	Speech	2/23/95	1,000.00
Nonprescription Drug Mfgs. Assn. - Honoraria given to Washington Metropolitan Senior Housing	Speech	3/4/95	1,000.00
-Honoraria given to International Orthodox Christian Charities	"	3/4/95	1,000.00
American Chiropractic Assn. - Honoraria given to St. Nicholas Greek Orthodox Cathedral	Speech	3/10/95	1,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Michael Bilirakis

Page 4 of 1T

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	4538 Bartelt Rd. Office Bldg. Holiday, FL				X									X									X						
JT	Bellhaven Apts. Dunedin, FL(½)		X																X	No operational interest									
JT	Gateway Towers Rental Condo Pittsburgh, PA			X										X								X							
SP	Athens & Pinellas Bldg. (½) Tarpon Springs, FL			X										X						X	Not Loss								
SP	½ of 2 lots Hope Sub. Div. Unimproved Tarpon Springs, FL		X																X										
JT	306 Driftwood Drive House Palm Harbor, FL					X													X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael Bilirakis

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
JT	Nations Bank of FL CDs & savings			x											x						x								
JT	Barnett Bank MM & checking		x												x				x										
JT	Suntrust CD, savings, stock (was Peoples State Bank)			x											x						x								
JT	Congressional Fed. Credit Union CDs, checking & savings			x											x						x								
JT	A.G. Edwards Cash Fund	x													x				x										
	Holiday Fish & Chips Corp.				x														x										
SP	Fortis Securities		x										x							x									
SP	Caesars World Stock (100 shares)		x																x										
SP	Washington St. Power Supply Bond		x												x					x									
SP	Armstrong County Bond		x												x					x									
SP	1st National Bank of Pasco Stock		x																x										
JT	First Union Corp. Stock		x										x							x									
SP	First Union Corp. Stock IRA		x										x						x										
SP	A.G. Edwards - Daily Cash ~~Accumulation Fund~~ IRA		x												x				x										
SP	Putnam High Income Govt. TR IRA		x										x								x								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael Bilirakis

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Life of Georgia IRA		x												x					x									
	A.G. Edwards - Daily Cash Accumulation Fund IRA		x												x					x									
	First Union Corp. Stock IRA			x									x							x									
	Putnam High Income Govt.TP IRA				x								x									x							
	A.G. Edwards, Inc. Stock IRA		x										x							x									
	IBM Stock IRA			x									x							x									
JT	Karanikoles Mortgage 529 Grand Ave., Tarpon Sp, FL			x											x					x									
	Innovet, Inc. Stock IRA	x																	x										
JT	Innovet, Inc. Stock	x		(Sold, Loss)															x										S
SP	IBM Stock IRA		x										x						x										
JT	Kemper Muni. Bond Fund		x												x					x									
JT	Fonar Stock		x										x						x										P
JT	Tech Data Stock		x										x						x										P
	Checkers Stock IRA		x																x										P
	Adelphi Stock IRA		x																x										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael Bilirakis

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
SP	Adelphia Stock IRA		x																x										P
SP	Checkers Stock IRA	x																	x										P
JT	Morr-Knudson Stock		x																x										P&S
JT	Checkers Stock	x																	x										P
	Tech Data Stock IRA		x																x										P
	Morr-Knudson Stock IRA		x																x										P
	Tarpon Foods (sold 12/1/88)	x											Bad Debt Recovery									x							

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SCHEDULE IV — TRANSACTIONS

Name Michael Bilirakis

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Fonar Stock	x			6-1-95	x									
JT	Tech Data Stock	x			1-16-95	x									
JT	Checkers Stock		x		4-20-95	x									
	Checkers Stock IRA	x			4-20-95	x									
	Adelphi Stock IRA	x			4-20-95	x									
SP	Adelphi Stock IRA	x			4-20-95	x									
	Morr-Knudson Stock IRA	x			1-16-95	x									
	Tech Data Stock IRA	x			1-16-95	x									
JT	Morr-Knudson Stock	x			1-16-95	x									
SP	Checkers Stock IRA	x			4-20-95	x									
JT	Innovet Stock		x		12-27-95	x	Sold for $1 - net								
JT	Morr-Knudson Stock		x		12-27-95	x	Sold, Loss								
JT	Checkers Stock	x			4-20-95	x									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Barnett Bank, Holiday, FL	Mortgage on 4538 Bartelt Rd., Holiday, FL (Law Office			X							
JT	Congressional Credit Union	Acquired loan for son (secured by CD)		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 10 of 11
Michael Bilirakis	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Helenic Institute	5/30-6/5	Budapest, Athens & Larnaca - Athens, New York	Y	Y	Y	N
	Nonprescription Drug Mfg. Assn.	3/3-5	Wash,DC-West Palm Beach-Wash,DC	Y	Y	Y	N
	National Assn of Broadcasters	4/7-10	Wash,DC-Nevada-Wash,DC	Y	Y	Y	N
	Internatinal Coordinating Committee Justice for Bypnus	8/23-9/1	Tampa-Larnaca,Cyprus-Tampa	Y	Y	Y	2

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Name	Michael Bilirakis	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President/Director	Holiday Fish & Chips Corporation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
11/20/95	Paid $2,500=to David Dunbar, Escrow Agent	Binder to purchase Peoples State Bank Stock

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER (5)

96 MAY 15 AM 9:21

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

me (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Sanford D. Bishop, Jr.
(Full Name)

1632 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-3631

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Sanford D. Bishop, Jr.

DATE (Month/Day/Year) 5/14/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sanford D. Bishop, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Merrill Lynch Municipal Bond Investment Trust	X											X							X									
	Amsouth Bank, N.A.		X												X				X										
	1st Union Bank of D.C.		X												X				X										
	Congressional Fed. Credit Union	X													X				X										
	Lot 24A Lakemont Heights Hartwell, Georgia		X																X										
	Legislative Retirement System 2 Northside, Atlanta, GA 30318		X																X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sanford D. Bishop, Jr.

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None - $1,000; B $1,001 - $15,000; C $15,001 - $50,000; D $50,001 - $100,000; E $100,001 - $250,000; F $250,001 - $500,000; G $500,001 - $1,000,000; H $1,000,001 - $5,000,000; I $5,000,001 - $25,000,000; J $25,000,001 - $50,000,000; K Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None - $200; II $201 - $1,000; III $1,001 - $2,500; IV $2,501 - $5,000; V $5,001 - $15,000; VI $15,001 - $50,000; VII $50,001 - $100,000; VIII $100,001 - $1,000,000; IX $1,000,001 - $5,000,000; X Over $5,000,000	P, S, E
JT	House & lot - 311 Yeates St., Starksville, Ms.	C	RENT	I	
* JT	Commonwealth Bank	B	INTEREST	I	
* JT	Merrill Lynch CMA Money Acct.	C	DIVIDENDS	I	
* JT	Prudential Securities	D	DIVIDENDS	I	
* JT	Bank of N.Y. Unit Investment Trust	B	INTEREST	I	
* JT	Gulf Federal Bank	B	INTEREST	I	
	* All Income Paid to Joint Tenant				

This page may be copied if more space is required.

Name Sanford D. Bishop, Jr. | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	Revolving Charge Account	X									
	Columbus Bank & Trust Company	Personal Loan for share of former business loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	A.J. McClung YMCA 1175 Martin Luther King, Jr. Blvd, Columbus, GA
Board Member	William H. Spencer Golden Owlettes, Columbus, Georgia
Board Member	Tubman African American Museum, 340 Walnut Street, Macon, GA 31208

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-342 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

THOMAS J. BLILEY, JR.
(Full Name)

2241 Rayburn House Office Building (202) 225-2815
(Mailing Address) Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: VA District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [XX]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [XX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [XX]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [XX] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [XX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [XX]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [XX]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Tom Bliley

DATE (Month/Day/Year) 5-10-96

Name Thomas J. Bliley, Jr. | Page 1 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Service Station Dealers of America	Speech	February 2, 1995	$1,000.00
	Nonprescription Durg Manufacturers Association	Speech	May 18, 1995	500.00
	National Electrical Manufacturers Association	Speech	November 6, 1995	2,000.00

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Name Thomas J. Bliley, Jr. | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X						X								
	Albemarle Corp. Stock*												X						X										
	American Home Prodcuts Corp. Stock*												X								X								
	BB&T Financial Corp/Southern National Corp. Stock* **												X							X									
	Burlington Northern Stock*												X							X									
	Burlington Resources Stock*												X							X									
	Chesapeake Corp. Stock*												X							X									

For additional assets and unearned income, use next page.

**BB&T Financial merged into Southern National Corp in 3/95.

*PLACED IN BLIND TRUST ON 9/5/95. INFORMATION IN BLOCKS C & D REFERS TO PERIOD PRIOR TO 9/5/95.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas J. Bliley, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	CIGNA Corp. Stock*												X						X									
	CSX Corp. Stock*												X					X										
	Crestar Financial Corp. Stock*												X								X							
	Dominion Resources Inc. Stock*												X							X								
	Dow Chemical Co. Stock*												X							X								
	El Paso Natural Gas Stock*												X					X										
	Enron Corp. Stock*												X					X										
	Ethyl Corp. Stock*												X					X										
	First Colony Corp. Stock*												X					X										
	GTE Corp. Stock*												X							X								
	Home Beneficial Corp. Stock*												X						X									
	Jefferson Bankshares Inc. Stock*												X						X									
	Media General Inc. Stock*												X						X									
	NationsBank Corp. Stock*												X							X								
	Reynolds Metals Co. Stock*												X					X										

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*PLACED IN BLIND TRUST ON 9/5/95. INFORMATION IN BLOCKS C & D REFERS TO PERIOD PRIOR TO 9/5/95.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas J. Bliley, Jr.

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Rubbermaid Inc. Stock*												X						X											
	Telefonos de Mexico Stock*												X						X											
	Jefferson National Bank - checking		X												X				X											
	Congressional Federal Credit Union - checking	X													X				X											
	Alliance Municipal Trust Tax Exempt*												X								X									
	Fairfax Co. VA Water Revenue*														X						X									
	Norfolk VA West. Cant. Munic. Bonds*														X					X										
	Winchester VA West. Cant. Munic. Bds*														X						X									
	US Treasury Notes*														X							X								
	New Economy Fund (Keogh)			X									X			X				X	X									
	IRA-Alliance Capitol Reserve Money Market Fund/Gov't Securities			X											X					X										
	Prudential Insurance		X												X				X											
	2505 Winston Court, Glen Allen, VA				X									---NONE---					X											
	Thomas J. Bliley, Jr. Trust (9/5/95-12/31/95)						X						X		X			X			X	X								
	Mary Virginia Bliley Trust (9/5/95-12/31/95)						X						X		X			X			X	X								

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*PLACED IN BLIND TRUST ON 9/5/95. INFORMATION IN BLOCKS C & D REFERS TO PERIOD PRIOR TO 9/5/95.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Jewish Appeal	May 15-16	Washington, DC - New York, NY - Washington, DC	Y	Y	N	N
	RJ Reynolds	June 10	Richmond, VA - Charlotte, NC - Washington, DC	N	Y	N	N
	Philip Morris	June 12	Richmond, VA - Greensboro, NC - Richmond, VA	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Virginia Biotechnology Research Park Authority

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Congressman Peter I. Blute (Full Name)
1024 Longworth Building (Mailing Address)
Washington D.C.
(202) 225-6101 (Daytime Telephone)

Filer Status	☒ Member of the U.S House of Representatives	State: MA Distinct: 3	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Peter Blute

DATE (Month/Day/Year): 5-12-96

Name Peter I. Blute | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Whittier Rehab. Hospital, Haverhill, MA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Peter I. Blute

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
DC	Bank of Boston Savings Acct	X													X				X										
	Baybanks Savings Acct		X												X				X										
JT	Fleet Bank Checking Acct.		X												X				X										
JT	Shawmut Banks Savings Acct		X												X				X										
JT	Smith Barney Money Market		X												X				X										
SP	Horizon Healthcare	X																	X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter I Blute

Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Maxicare Health Plan Inc.	X																	X										

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

(5)

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U.S. HOUSE OF REPRESENTATIVES

Sherwood L. Boehlert
(Full Name)

2246 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-3665

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Sherwood Boehlert

DATE (Month/Day/Year): 5/14/96

Name Sherwood L. Boehlert | Page 2 of 5

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium

A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
National Association of State Universities and Colleges	speech	10/24/95	$ 300
			$

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	GPO Credit Union	$1 - $1,000	Interest	$1 - $200	NA
JT	NBT Common Stock	$15,001 - $50,000	Dividends	$201 - $1,000	NA
JT	Marietta Common Stock	$1 - $1,000		$1 - $200	NA
JT	Limited Partnership - Utica Baseball Club	$1,001 - $15,000		$1 - $200	NA

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Danny Thompson Charity Golf Tournament	8/24 - 8/27/95	Syracuse, NY - Sun Valley, ID - Syracuse, NY	Y	Y	N	no

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Limited Partner	Utica Baseball Club

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

John Andrew Boehner
(Full Name)

7371 Charter Cup Lane
(Mailing Address)

Daytime Telephone: (202) 225-6205

West Chester, Ohio 45069

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL John A. Boehner

DATE (Month/Day/Year) May 15, 1996

Name John Andrew Boehner	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name John Andrew Boehner	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: John Andrew Boehner

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Nucite Sales, Inc. - Stock								X				X													X			
	Nucite Sales, Inc. - Pension Plan Trust						X								N/A				X										
	Nucite Sales, Inc. - Profit Sharing Trust						X								N/A				X										
	State of Ohio - Public Employee Retirement Plan			X											N/A				X										
	State of Ohio - Deferred Compensation Plan				X										N/A				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Andrew Boehner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	7908 Cinti. - Dayton Rd., Suite I West Chester, OH Office Building					X								X									X						
	Rolling Ridge Assoc. - Real Estate Limited Partnership			X											X					X									
	(owns Rolling Ridge Apts., Montana Ave., Cincinnati, OH)																												
	First National Bank of Southwestern Ohio - Accounts		X												X					X									
	Wright Patman Congressional Federal Credit Union - Account		X												X				X										
	Ohio Municipal Cash Trust Mutual Fund (previously listed as "Gradison & Co., Mutual Fund)					X							X							X									
	Gradison McDonald Opportunity Value Fund - Mutual Fund				X								X								X								
	American Funds EuroPacific Growth Fund - Mutual Fund				X								X								X								
	Gradison McDonald Growth and Income Fund - Mutual Fund		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name John Andrew Boehner

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Gradison McDonald Opportunity Value Fund	X			monthly	X									
	American Funds EuroPacific Growth Fund	X			monthly	X									
	Gradison McDonald Growth and Income Fund	X			12/95	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Banc One, Middletown, Ohio	Mortgage on West Chester office building			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Ashland Oil	9/25	Middletown, OH -- Ashland KY -- Washington, D.C.	N	N	N	N
	Corning, Inc.	12/1 - 12/3	Washington, D.C. -- Augusta, GA -- Washington	Y	Y	N	N
	Mead Corporation	4/23/95 - 4/25	Brunswick, GA (travel expenses not paid by sponsor)	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer - Non-comp.	Nucite Sales, Inc.
Limited Partner	Nucite Sales LP
Limited Partner	Rolling Ridge Associates
Director - Non-comp.	American Heart Association - Middletown, Ohio chapter

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Nucite Sales, Inc. - Pension and Profit Sharing Plans	Continued Interest - no additional contribution
	State of Ohio - Pension and Deferred Compensation Plans	~~Continued Interest - no additional contribution~~
	Nucite Sales LP - Partnership Agreement	Limited Partnership

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Rep. Henry Bonilla
(Full Name)

19326 Boca Del Mar
(Mailing Address)

San Antonio TX 78258

Daytime Telephone: (202) 226-1759

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: H. Bonilla

DATE (Month/Day/Year): 5-15-96

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Harte-Hanks Television Inc. Delaware	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT USAA Federal Savings Bank	$15,001 - $50,000	Interest	$201 - $1,000	NA
San Antonio, Texas				
JT USAA Income Stock Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA
San Antonio, Texas		Capital Gains	$1 - $200	NA
USAA Life and Annuity Co	$15,001 - $50,000	Interest	NA	NA
IRA- San Antonio, Texas				
SP USAA Life and Annuity Co	$15,001 - $50,000	Interest	NA	E
IRA - San Antonio, Texas				
SP Commonwealth Fed. Savings	$1 - $1,000	none	NA	E

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	IRA- Philadelphia				
SP	Merrill Lynch IRA	$250,001 - $500,000	Dividends	NA	NA
DC	Merril Lynch Trust Account				
	Central Southwest Corp	$1 - $1,000	Dividends	$1 - $200	S
	CMS Energy Corp	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Entergy Corp	$1 - $1,000	Dividends	$1 - $200	S
	Niagara Mohawk	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Phil Elec Co.	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	DPL Inc	$1,001 - $15,000	Dividends	$201 - $1,000	P
	FPL Group Inc	$1,001 - $15,000	Dividends	$1 - $200	P
DC	Merrill Lynch Trust Account				
	Central Southwest Corp	$1,001 - $15,000	Dividends	$1 - $200	S
	United Illumin Corp	$1 - $1,000	Dividends	$1 - $200	S
	Alltel Corp	$1,001 - $15,000	Dividends	$1 - $200	NA
	CMS Energy Corp	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Cinergy Corp	$1,001 - $15,000	Dividends	$1 - $200	NA
	Entergy	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Niagara Mohawk Pwr Co	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	NIPSCO Industries Inc	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Phil Elec Co	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Stone Container Corp	$1,001 - $15,000	Dividends	$1 - $200	NA
	Genl Publ Utilities	$15,001 - $50,000	Dividends	$201 - $1,000	P
	Unicom Corp	$1,001 - $15,000	Dividends	$201 - $1,000	P
	ML Trust Assets	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Merrill Lynch Account				

Name Rep. Henry Bonilla | Page 5 of 1

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Alltell Corp Del	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Amphenol Corp Cl A	$1,001 - $15,000	Dividends	$1 - $200	P
	Augat Inc	$1,001 - $15,000	Dividends	$1 - $200	NA
	Boston Chicken Inc	$15,001 - $50,000	Dividends	$1 - $200	NA
	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	Callaway Golf Co	$1,001 - $15,000	Dividends	$1 - $200	NA
	DNA Plant Technology	$1,001 - $15,000	Dividends	$1 - $200	NA
	Duff & Phelps Cr rating	$1,001 - $15,000	Dividends	$1 - $200	NA
	Duff & Phelps Corp	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	DPL Inc	$15,001 - $50,000	Dividends	$1 - $200	P
	E M C Corporation Mass	$1,001 - $15,000	Dividends	$1 - $200	NA
	Fidelity Ntl. Fint Inc.	$1,001 - $15,000	Dividends	$1 - $200	NA
	Genl Publ Utilities	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
SP	Harte-Hanks Communication	$15,001 - $50,000	Dividends	$1 - $200	P
	Health Management Assocs	$15,001 - $50,000	Dividends	$1 - $200	NA
	J P Morgan & Co Inc	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Living Ctrs Amer Inc Com	$1,001 - $15,000	Dividends	$1 - $200	P
	Mercury Finance Co	$1,001 - $15,000	Dividends	$1 - $200	P
	Ntl Pwr PLC	$15,001 - $50,000	Dividends	$1 - $200	P
	NY St E & GS Company	$15,001 - $50,000	Dividends	$201 - $1,000	P
	Niag Mohawk Pwr Company	$1,001 - $15,000	Dividends	$1,001 - $2,500	NA
	NIPSCO Industries Inc	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
	Safeway Inc	$15,001 - $50,000	Dividends	$1 - $200	NA
	Stone Container Store	$1,001 - $15,000	Dividends	$1 - $200	NA
	AT & T Corp	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Entergy Corp New	$15,001 - $50,000	Dividends	$1 - $200	S
	New Eng Elec System	$1 - $1,000	Capital Gains and Dividends	$201 - $1,000	P
	Office Depot	$1 - $1,000	Capital Gains	$1,001 - $2,500	S
	Roosevelt Finl Group Inc	$1 - $1,000	Dividends	$1 - $200	S
	United Illumin Co	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	S
	U S Healthcare	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	S
JT	ML Media Partners LP				
	World Financial Center				
	New York, New York	$1,001 - $15,000	Partnership Income	$1,001 - $2,500	NA
SP	Ash Park East Assoc				
	2835 West Chester Pike				
	Broomall, PA	$1 - $1,000	Interest	$1,001 - $2,500	NA
DC	Merrill Lynch Trust Account (con't)		Partnership Income	$1 - $200	NA
	United Illumin Co	$1 - $1,000	Dividends	$1 - $200	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
DC	Merrill Lynch Trust Account:			
	FPL Group Inc	Purchase	2/15/95	$1,001 - $15,000
	DPL Inc	Purchase	2/1/95	$1,001 - $15,000
	Central Southwest Corp	Sold	2/15/95	$1,001 - $15,000
	Entergy Corp	Sold	2/1/95	$1,001 - $15,000
DC	Merrill Lynch Trust Account:			
	General Public Utilities	Purchase	9/24/95	$15,001 - $50,000
	Unicom Corp	Purchase	5/17/95	$1,001 - $15,000
	Central Southwest Corp	Sold	2/15/95	$1,001 - $15,000
	United Illumin	Sold	9/27/95	$15,001 - $50,000
JT	Merrill Trust Account			
	Amphenol Corp	Purchase	10/27/95	$1,001 - $15,000
	DPL Inc	Purchase	1/25/95	$15,001 - $50,000
	General Public Utilities	Purchase	9/28/95	$15,001 - $50,000
	Living Ctrs Amer Inc	Purchase	8/28/95	$1,001 - $15,000
	Mercury Finance	Purchase	5/16/95	$1,001 - $15,000
	NTL Pwr PLC	Purchase	7/18/95	$15,001 - $50,000
	NY St E & GS Company	Purchase	9/21/95	$15,001 - $50,000
	New Eng Elec System	Purchase	5/18/95	$15,001 - $50,000
	New Eng Elec. System	Sold	7/18/95	$15,001 - $50,000
	Telefonos M SA RP	Purchase	2/17/95	$15,001 - $50,000
	Telefonos M SA Rp	Sold	5/12/95	$15,001 - $50,000

Name Rep. Henry Bonilla | Page 8 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	AT & T Corp	Sold	9/21/95	$15,001 - $50,000
	Entergy Corp New	Sold	1/25/95	$50,001 - $100,000
	Genl Publ Utilities	Sold	2/16/95	$50,001 - $100,000
	Office Depot	Sold	10/23/95	$1,001 - $15,000
	Roosevelt Finl Group Inc	Sold	5/16/95	$1,001 - $15,000
	United Illumin Co	Sold	9/22/95	$15,001 - $50,000
	U. S. Healthcare Inc	Sold	8/28/95	$1,001 - $15,000
	Harte-Hanks Comnctns new	Purchase	n/a	$15,001 - $50,000
DC	Merrill Lynch Trust Account (con't)			
	FPL Group Inc	Purchase	2/15/95	$1,001 - $15,000
	FPL Group Inc.	Sold	5/17/95	$1,001 - $15,000
DC	Merrill Lynch Trust Account (con't)			
	United Illumin	Sold	9/27/95	$1,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(6) HAND DELIVERED
RECEIVED
96 MAY 15 AM 11:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

David Edward Bonior
(Full Name)

23 Dickinson - Unit E
(Mailing Address)

Mount Clemens, Michigan 48043

Daytime Telephone
202-225-2106

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District: 10th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL David E. Bonior

DATE (Month/Day/Year) May 15, 1996

Name	David Edward Bonior	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Edward Bonior

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wright Patman Congressional Federal CU		X												X					X									
SP	Wright Patman Congressional Federal CU		X												X				X										
SP	Wright Patman Congressional Federal CU			X									N/A - IRA						N/A - IRA										
SP	Mutual Fund - Keystone S-4				X											X							X						P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name David Edward Bonior

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	Keystone Series S-4 Mutual Fund-Reinvest	X			6-26-95	X									
	Capital Gains				9-12-95	X									

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AFL - CIO	Feb.19-21	Wash.D.C.-Miami-Wash.,D.C.	Y	Y	N	N
	UAW (United Auto Workers)	June 12	Orange Co.,Ca.-Wash.D. C.	Y	Y	Y	N
	UAW (United Auto Workers)	June 25	Wash.D.C.-Decatur,Il.-Wash. D.C.	N	N	N	N
	TCU (Transportation Comm.Union)	Aug.10-11	Detroit-Miami-Wash.,D. C.	Y	Y	N	N
	The Aspen Institute	Aug.13-18	Wash.D.C.-Quebec City-New Orleans(spouse-Wash.DC)	Y	Y	Y	N
	Association of Pakistani Physi-cians	Aug.19-20	New Orleans-St. Louis, MO-Wash. D. C.	Y	Y	N	N

This page may be copied if more space is required.

Name	David Edward Bonior	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Gallaudet University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-542 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
96 MAY -9 AM 11: 27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY - 7 1996
(Office Use Only)

(9)

Sonny Bono
(Full Name)
512 Cannon Building
(Mailing Address)
Washington, DC 20515
Daytime Telephone: (202) 225-5330

Filer Status	☑ Member of the U.S House of Representatives — State: CA District: 44th	☐ Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑ No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Sonny Bono

DATE (Month/Day/Year): May 2, 1996

Name Sonny Bono | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cast and Crew Talent	Talent fee	5,000

For payments to charity in lieu of honoraria, use Schedule II.

Name Sonny Bono | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	American Bankers Association	Speech	Feb. 7, 1995	$1,000
	Palm Springs Medical Association	Speech	April 19, 1995	$1,500
	Cherokee County Chamber of Commerce	Speech	Nov. 3, 1995	$1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Sonny Bono

Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X						X								
	Bank of California accounts					X									X						X								
	Merrill Lynch accounts					X							X									X							
	Orion Pictures	X														X								X					
	Orion Pictures	X													X						X								
	Congressional Fed. Credit Union accounts		X										X							X									
	SPE Corporate Services		Indefinite										residuals								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sonny Bono

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	EP Talent Services		indefinite										residuals								X								
	Atlantic Recording Corp.		indefinite										royalties											X					
	MCA Records, Inc. (paid to Sonny Bono & Chaz Ent.)		indefinite										royalties											X					
	Emi Entertainment World, Inc		indefinite										royalties											X					
	Harry Fox Agency, Inc.		indefinite										royalties									X							
	Warner/Chappell Music Inc.		indefinite										royalties													X			
	Broadcast Music, Inc.		indefinite										royalties													X			
	US Dentek Corp.	X											royalties							X									
																X				X			X						
	San Bernardino County Bond	X													X														S
	S+P 500 Fund			X									X							X									
	US Treasury Strips			X											X				(paid on maturity)										
	First Nationwide Bank co			X											X				(paid on maturity)										
	TIGR Series 12 Bond		X												X				(				"						)
	CATS Series M Bond		X												X				(				"						)
	CATS Series R Bond			X											X				(				"						)

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sonny Bono

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Sonny Bono, Inc.	X																	X										
	Riviera Resort	X											use of name and likeness											X					
	Cher Enterprises, Inc.	X																	X										

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SCHEDULE IV — TRANSACTIONS

Name Sonny Bono

Page 7 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	San Bernardino Co. Bond		X		8-1-95			X							

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Name Sonny Bono | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Cherokee Co. Chamber of Comm	Nov. 3-4	Wash. DC-Atlanta-Wash DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Sonny Bono, Inc.
President	Cher Enterprises, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Continuous	Screen Actors Guild	Entertainment Industry Unions providing medical + life benefits, pensions.
"	AFTRA	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(2)

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Robert A. Borski
(Full Name)

2182 Rayburn HOB
(Mailing Address)

(202) 225-8251
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Robert A. Borski

DATE (Month/Day/Year): 5-10-96

Name Robert A. Borski | Page 2 of 2

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AT&T	Jan 27-30	Phila, PA - Miami, FL - Phila, PA	Y	Y	Y	N
	American Israel Education Foundation	May 29 - June 4	Phila, PA - Israel - New York, NY	Y	Y	Y	N

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96 MAY -6 PM 4:21
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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Frederick C. Boucher
(Full Name)

2245 Rayburn HOB
(Mailing Address)

202-225-3861
Daytime Telephone

Washington, DC 20515

Filer Status	[x] Member of the U.S. House of Representatives — State: VA District: 9	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

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IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

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SIGNATURE OF REPORTING INDIVIDUAL Frederick C. Boucher

DATE (Month/Day/Year) May 5, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

Page 2 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

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For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

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BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples:		Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP		SP	Mega Corp. Stock				X								X							X								P
DC			123 Main St., Dover, Del.							X						X											X			
JT			1st Bank of Paducah, KY accounts					X									X							X						
	Nationsbank-Checking Acct.				X																									
	1st Virginia Bank-Savings				X																									
	Individual Retirement Acct.-NationsSecurities					X																								
	1st Virginia Bank-Preferred Stock				X																									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick C. Boucher

Page 3 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Community Nat'l Bank- ~~Common Stock~~		x																										
	Savings Account- NationsSecurities			x																									
	Lot-Town of Damascus, VA		x																										
	Lot-Washington,County, VA		x																										

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SCHEDULE IV — TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NationsSecurities Money Market Fund and Mutual Fund	X			10-10-95		X								
	Lot-Washington County (acquired by gift from Dorothy B. Boucher-mother)				8-1-95	X									

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	see attached 2 pages						

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Schedule VII
Fact Finding, Substantial Participation and Other Travel

SOURCE	LOCATION	EXPENSES	DATE
Virginia Power Company**	Mercury, Nevada	Travel (Abingdon, Virginia-Mercury-Abingdon), food and 2 nights lodging for trip to inspect tunnel and site characterization progress at Yucca Mountain high level nuclear waste disposal site	12/27-12/28 1995
Sprint-United Telephone**	Beaver Creek, CO	Travel (DC-Denver-TriCities, TN/VA), food and 3 nights lodging for presentation to telecommunications forum on prospects for telecommunications law reform	4/8-4/1 1995
Tobacco Institute**	Telluride, CO	Travel (DC-Telluride-DC) food and 3 nights lodging for presentation at conference on legislative issues	2/17-2/19 1995

**At none of these events was a family member present, and no time was spent at other than the sponsor's expense at any event

Schedule VII
continued

SOURCE	LOCATION	EXPENSES	DATES
Arctic Power Educational Foundation*	Deadhorse, Barrow and Anchorage, AK	Travel to and from DC, food and four nights lodging for discussion on future use of the Arctic National Wildlife Refuge:development versus conservation	8/15-8/18 1995

*no family member was present at this event; however, three days were spent not at sponsor's expense

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Dir.	First Virginia Bank-Mountian Empire
Member, Board of Dir.	Nature Conservancy of Virginia

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

RICK BOUCHER
9TH DISTRICT, VIRGINIA

COMMITTEES:

COMMERCE
SUBCOMMITTEES:
TELECOMMUNICATIONS AND FINANCE
ENERGY AND POWER

JUDICIARY
SUBCOMMITTEE:
COURTS AND INTELLECTUAL PROPERTY

ASSISTANT WHIP

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U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives

WASHINGTON OFFICE:
2245 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4609
(202) 225-3861
e-mail: NINTHNET@HR.HOUSE.GOV
WWW: http://www.house.gov/boucher/

CONSTITUENT SERVICE OFFICES:
188 EAST MAIN STREET
ABINGDON, VIRGINIA 24210
(540) 628-1145

311 SHAWNEE AVENUE EAST
BIG STONE GAP, VIRGINIA 24219
(540) 523-5450

112 NORTH WASHINGTON AVENUE
P.O. BOX 1268
PULASKI, VIRGINIA 24301
(540) 980-4310

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May 9, 1996

✓ MC

Robin H. Carle
Clerk
U.S. House of Representatives
Legislative Resource Center
1036 Longworth HOB
Washington, D.C. 20515

Dear Robin:

Please accept the attached amended version of Schedule III of my 1995 Financial Disclosure Form which was received by your office on May 6, 1996. This revised Schedule III contains more detailed information regarding my assets and "unearned" income.

If you have any further questions regarding my disclosure form, please call me at x53861.

With kind regards, I remain

Sincerely,

Rick Boucher

Rick Boucher
Member of Congress

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Frederick C. Boucher

Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Nationsbank-Checking Acct.		X												X				X										
	1st Va. Bank-Savings		X												X						X								
	Individual Retirement Acct. Nationsbank																												
	1st Va. Bank-Preferred Stock		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Frederick C. Boucher

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Community Nat'l Bank- Common Stock		x										x						x										
	NationsSecurities Money Market Fund and Mutual Fund			x									x		x							x							
	Lot-Town of Damascus, VA (acquired by inheritance from Helen B. Snodgrass estate)		x																										
	Lot-Washington County, VA (acquired by gift from Dorothy B.Boucher-mother)		x																										

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

(9)

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U.S. HOUSE OF REPRESENTATIVES

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mc (Office Use Only)

Bill K. Brewster
(Full Name)

P.O. Box 368
(Mailing Address)

Marietta OK 73448
Daytime Telephone: 405-276-5525

Filer Status	[X] Member of the U.S. House of Representatives	State: OK District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes	[X]	No	[ ]	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes	[X]	No	[ ]	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes	[X]	No	[ ]	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	[X]	No	[ ]	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	[X]	No	[ ]	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	[ ]	No	[X]	
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes	[X]	No	[ ]	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	[X]	No	[ ]	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	[ ]	No	[X]	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes	[ ]	No	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	[ ]	No	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL: Bill K. Brewster

DATE (Month/Day/Year): 5/15/96

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Williams & Jensen	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Bill K. Brewster | Page 2 of 8

SCHEDULE II – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
The Tobacco Institute	panelist	2/ 8/96	$ 2,000
American Chiropractic Association	speech	3/ 9/96	$ 1,000
Amercian Pharmaceutical Association	panelist	3/19/96	$ 1,000
Texas Pharmaceutical Association	speech	7/15/96	$ 1,000

Name Bill K. Brewster | Page 3 of 8

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Durant Bank and Trust	$1,001 - $15,000	Interest	$201 - $1,000	
Rental Property: HWY 77 South of Marietta, OK	$15,001 - $50,000	Rent	$2,501 - $5,000	
Rental Property: Lumber Yard - Marietta, OK	$15,001 - $50,000	Rent	$1,001 - $2,500	
40 Acres Mineral Interest: Washita County	$50,001 - $100,000	Royalties	None - $200	
Brewster Angus Farm: land, cattle, etc.	$250,001 - $500,000	Farm Income	$15,001 - $50,000 (gross)	
Boatmen's Bank: tax exempt bonds.	$50,001 - $100,000	Interest	$5,001 - $15,000	
Brewster Thoroughbred Farm	$15,001 - $50,000	Capital Gains	$5,001 - $15,000	
SP Houston Industries	$15,001 - $50,000	Dividends	$1,001 - $2,500	S
SP Texas Utilities	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	First Texas Bancorp (IRA): savings	$1,001 - $15,000	N/A	None - $200	
	First Texas Bancorp: stock	None - $1,000	None	None - $200	
SP	Noram Energy	$1,001 - $15,000	Dividends	$201 - $1,000	
	Texas Trophy Club Ranch: Zavala County, Texas Northeast part of county (1/2 owner).	$500,001 - $1,000,000	None	None - $200	S
SP	1/19 interest. Meager Means Investment Club	$1,001 - $15,000	Dividends	None - $200	P

Name Bill K. Brewster	Page 5 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Texas Trophy Club Ranch (sold 50%)	Sold	02-01-95	$250,001 - $500,000
SP	Houston Industries (sold 50%)	Sold	09-15-95	$1,001 - $15,000

Name Bill K. Brewster	Page 6 of 8

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Boatmen's Bank	Mortgage on 500 acres: Marietta, Oklahoma.	$100,001 - $250,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Safari Club International (speech)	2/3-2/6	Wash., D.C.-Las Vegas-Wash., D.C.	Y	Y	Y	N
American Pharmaceutical Association (speech/panelist)	3/18-3/20	Wash., D.C-Orlando-Wash., D.C.	Y	Y	Y	N
American Gas Assoc./Energen Assoc. (panelist)	3/24-3/26	BWI-Birmingham-BWI	Y	Y	N	N
Fundacion Intergracion (Fact Finding)	5/29-6/4	Dallas-Buenos Aires-Wash., D.C	Y	Y	Y	N
American Petroleum Institute (speech)	6/12-6/13	Wash., D.C.-WilliamsburgVA-Wash., D.C	Y	Y	Y	N
Association of American Railroads (speech)	7/7-7/9	Wash., D.C.-Jackson Hole-Wash., D.C.	Y	Y	Y	N
Texas Pharmaceutical Association (speech)	7/15-7/15	Dallas-El Paso-Dallas	N	Y	Y	N
Wildlife Legislative Fund of America (panelist)	9/14-9/15	Wash., D.C.-Columbus-Wash., D.C.	Y	Y	N	N
Mid-America Dairymen, Incorporated (speech)	10/20-10/22	Wash., D.C.-Mobridge-Wash., D.C.	Y	Y	N	N
DDI Incorporated (panelist)	11/10-11/12	Wash., D.C.-Jacksonville-Wash., D.C.	Y	Y	Y	N
Union Pacific Coporation (panelist)	11/17-11/19	Wash., D.C.-Gillette,WY-Wash., D.C.	Y	Y	N	N
Corning Incorporated (panelist)	12/1-12/3	Wash., D.C.-Augusta-Wash., D.C.	Y	Y	N	N

Name Bill K. Brewster	Page 8 of 8

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, propnetor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
General Partner	Texas Trophy Club Ranch
Board Member	Safari Club International (non-paid)
Partner	Brewster Thoroughbred Farm (see schedule III)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(Full Name) JOHN GLEN BROWDER

(Mailing Address) 2344 RAYBURN OFFICE BLDG.
WASHINGTON D.C. 20515

Daytime Telephone: (202) 225-3261

Filer Status	[X] Member of the U.S. House of Representatives — State: AL District: THIRD	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: John Glen Browder

DATE (Month/Day/Year): 5-14-96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Browder

Page 2 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000)	Block C: Type of Income (Dividends; Rent; Interest; Capital Gains; Excepted Trust; Qualified Blind Trust)	Block D: Amount of Income (I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000)	Block E: Transaction (P, S, E)
SP	Mega Corp. Stock	D	Dividends	II	P
DC	123 Main St., Dover, Del.	G	Rent	VII	
JT	1st Bank of Paducah, KY accounts	E	Interest	IV	
	U.S. TREASURIES (IRA INCLUDED)	C	Interest	II	
S	BALDWIN COUNTY EASTERN SHORE BONDS STATE OF AL - (MUNICIPAL)	B	Interest	II	
	WRIGHT PATMAN CREDIT UNION (INCL. DEP. CHILD'S FUNDS)	C	Interest	II	
	TEACHERS RETIREMENT FUND N.Y. (FOR ALABAMA)	E		N/A	
	TEACHERS RETIREMENT SYSTEM STATE OF ALABAMA	C		N/A	
	FOUNDERS FUNDS (IRA INCL.) (DEP. CHILD INCL.)	C	Capital Gains	II	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BROWDER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
DC SP	THE GABELLI EQUITY TRUST, INC.		X										X						X										P
DC SP	HEINZ, H. J.		X										X						X										
SP	ATLANTA GAS & LIGHT		X													X			X										S
SP	ABBOTT LABS		X										X			X				X									P+S
SP	WALMART		X													X				X									P+S
	BROWN CO. - MONEY MKT.		X												X					X									
SP	MCDONALDS		X													X				X									P+S
* SP	FORD		X													X				X									P+S
* SP	HUMANA		X													X				X									P+S
	JUST FOR FEET		X																X										P+S

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SCHEDULE IV — TRANSACTIONS

Name BROWDER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
DC SP	HEINZ, H.J.		X		2-6-95	X									
SP	ABBOTT LABS		X		1-31-95	X									
SP	" "	X			7-10-95	X									
	JUST FOR FEET	X			6-15-95	X									
	" " "		X		6-23-95	X									
SP	ATLANTA GAS & LIGHT		X		1-31-95	X									
SP	WALMART		X		6-14-95	X									
SP	"	X			11-16-95	X									
SP	McDonalds	X			7-14-95	X									
	"		X		12-12-95	X									
	FORD	X			5-8-95	X									
	"		X		12-12-95	X									
	RUMANA	X			7-6-95	X									
	"		X		11-8-95	X									
	SA BELL EQUITY	X			2-13-95	X									
	RUBBERMAID	X			1-31-95	X									

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Name BROWDER | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	WRIGHT PATMAN FEDERAL CREDIT UNION	PARENTS PLUS LOAN		X								

SCHEDULE VI — GIFTS NONE

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BROWDER | Page 6 of 6

SCHEDULE VIII — POSITIONS NONE

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
SINCE 1987 ON A YEAR BY YEAR BASIS	SELF AND BOARD OF TRUSTEES, JACKSONVILLE STATE UNIVERSITY	LEAVE WITHOUT PAY OR BENEFITS FROM PRIOR TEACHING POSITION

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Rep. Corrine Brown
(Full Name)

1610 Longworth House Office Building (202) 225-0123
(Mailing Address) Daytime Telephone:

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: (03)	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Corrine Brown

DATE (Month/Day/Year) May 15, 1996

Name Rep. Corrine Brown

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X											X				
			1st Bank of Paducah, KY accounts				X									X						X								
	1844 Willowood Drive Jacksonville, Florida					X									X							X								
	Accounts Receivable for sale of: ~~Gator Travel Agency, Emilio F.~~ Torres, Fernando J. Alvarez, ~~Fernando A. Alvarez (Debtors)~~					X													X											

For additional assets and unearned income, use next page.

Name	Rep. Corrine Brown	Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Housing Investment, Inc., Jacksonville, FL	Mortgage on 1844 Willowood Drive, Jacksonville, FL		X								
	Barnett Bank of Florida	Loan - Personal			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Amalgamated Transit Union	May 2-3	Wash., DC -Miami- Orlando	Y	Y	N	N
	FL State UAW CAP Council	May 6-7	Jacksonville - Daytona Beach - Wash., DC	Y	Y	N	N
	Cooperation & Technological Industrial & Economic Fields	Dec. 29	London-Paris-Lillie-Paris	N	N	Y	Y

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

George E. Brown, Jr.
(Full Name)

2300 Rayburn House Office Building
Washington, DC 20515
(Mailing Address)

Daytime Telephone: 202-225-6161

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 42	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL George E. Brown Jr. **DATE** (Month/Day/Year) 5/14/96

Name George E. Brown, Jr. | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California	Legis. Pension	$ 6,611.16
	Spouse, U.S. Government	Salary	52,350.00

For payments to charity in lieu of honoraria, use Schedule II.

Name George E. Brown, Jr. | Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Brookings Institution, Wash., DC	Speech	Dec. 11, 1995	$400.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name George E. Brown, Jr. Page 4 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Unimproved lot, Tract 339, City of Los Angeles		X											n/a								n/a							
	2350 N. Osburn Rd., San Bernardino, CA		X											n/a								n/a							
	2965 W. Spruce, San Bernardino, CA				X									X								X							
	2036 Prince Albert, Riverside, CA					X								X									X						

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	VISA and Line of Credit		X								
	Sumitomo Bank	Mortgage - 2695 Spruce St.			X							
	Capstead Mortgage, Co.	Mortgage - 2036 Prince Albert Dr. Riverside, CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
96 APR 18 PM 4:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED (3)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Sherrod Brown
(Full Name)

2625 East Erie Ave — 202/225-3401
(Mailing Address) — Daytime Telephone

Lorain OH 44052

Filer Status	[X] Member of the U.S. House of Representatives — State: OH Distnct: 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designes. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Sherrod Brown

DATE (Month/Day/Year) 4-18-96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Brown, Sherrod

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X								X							X									P
			123 Main St., Dover, Del.							X						X											X				
			1st Bank of Paducah, KY accounts					X									X							X							
	Calvert Fund				X										X							X									
	Brownlea Farm, Lexington OH					X										X							X								
	PERS					X											X					NA									
	Nationwide Fund					X									X																
	Fidelity mutual, NY (IRA)					X											X					NA									
	Navelliver Fund					X									X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Brown, Sherrod

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Thrift Savings (USHouse)			X											X					NA								

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SHERROD BROWN
THIRTEENTH DISTRICT
OHIO

WASHINGTON OFFICE
1019 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3513
(202) 225-3401

COMMITTEE ON COMMERCE
SUBCOMMITTEE ON COMMERCE, TRADE, AND HAZARDOUS MATERIALS
SUBCOMMITTEE ON HEALTH AND ENVIRONMENT

COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEE ON ASIA AND THE PACIFIC

Congress of the United States
House of Representatives
Washington, DC 20515

LORAIN COUNTY DISTRICT OFFICE
5201 ABBE RD.
ELYRIA, OH 44035-1451
(216) 365-5877—ELYRIA
(216) 934-5100—LORAIN

MEDINA COUNTY DISTRICT OFFICE
MEDINA COUNTY ADMINISTRATION BUILDING
124 WEST WASHINGTON STREET, SUITE A
MEDINA, OH 44256-1902
(216) 722-9262

GEAUGA COUNTY DISTRICT OFFICE
15561 WEST HIGH STREET
MIDDLEFIELD, OH 44062-9292
(216) 632-5913

1-800-234-6413 (OH13)
(216 AREA CODE ONLY)

May 13, 1996

HAND DELIVERED

The Clerk
U.S. House of Representatives
Legislative Resource Center
1036 Longworth HOB
Washington, D.C. 20515

Dear Sir:

Please include the enclosed Schedule IV with my Financial Disclosure Statement filed earlier.

Thank you for your cooperation in this matter.

Sincerely,

Sherrod Brown

SHERROD BROWN
Member of Congress

SB:dp

96 MAY 16 PM 1:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
RECEIVED
LEGISLATIVE RESOURCE CENTER

SCHEDULE IV — TRANSACTIONS

Name Sherrod Brown | Page 4 of 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	Navellier Fund		X			12-12-95	X									

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

23

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U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Samuel Dale Brownback
(Full Name)

4826 SW Urish Road (913) 478-9383
(Mailing Address) Daytime Telephone:

Topeka, Kansas 66610

Filer Status	[X] Member of the U.S. House of Representatives	State: Kansas District: 2nd	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Samuel Dale Brownback

DATE (Month/Day/Year): 5/14/96

Name Samuel D. Brownback	Page 2 of 23

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Samuel D. Brownback	Page 3 of 23

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
None			

This page may be copied if more space is required.

Name Samuel D. Brownback

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

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at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

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BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	Examples:	SP				X								X							X									P
DC									X						X										X					
JT							X									X						X								
	See Attached Schedule																													

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel D. Brownback

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	See attached Schedule																											

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Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
SP	Capitol Federal Savings Acct#581564	$15,001-$50,000	Interest	$201-$1,000	
JT	Stauffer Communications, Inc.-Common Stock	None-$1,000	Dividends Capital Gains	None-$200 $15,001-$50,000	Sold
SP	Stauffer Communications, Inc.-Common Stock	None-$1,000	Dividends Capital Gains	None-$200 $1,000,001-$5,000,000	Sold
	Stauffer Communications, Inc.-Common Stock	None-$1,000	Dividends Capital Gains	None-$200 $5,001-$15,000	Sold
JT	100 Shrs AT & T Corp.- Common Stock	$1,001-$15,000	Dividends	$201-$1,000	
SP	130.877 Shrs AT & T Corp-Reinvestment Plan	$1,001-$15,000	Dividends	None-$200	
JT	100 Shrs Bell Atlantic Corp.-Common Stock	$1,001-$15,000	Dividends	$201-$1,000	
JT	1200 Shrs Coca-Cola Co-Common Stock	$50,001-$100,000	Dividends	$201-$1,000	
SP	449.237 Shrs Coca-Cola Co.-Reinvestment Plan	$15,001-$50,000	Dividends	$201-$1,000	

Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
JT	112 Shrs Eastman Kodak Co.-Common Stock	$1,001-$15,000	Dividends	None-$200	
SP	88.304 Shrs Eastman Kodak Co.-Reinvestment Plan	$1,001-$15,000	Dividends	None-$200	
JT	20 Shrs Eastman Chemical Co-Common Stock	$1,001-$15,000	Dividends	None-$200	
JT	100 Shrs IBM Corp-Common Stock	$1,001-$15,000	Dividends	None-$200	
JT	50.471 Shrs IBM Corp-Reinvestment Plan	$1,001-$15,000	Dividends	None-$200	
JT	100 Shrs Atlantic Richfield Co-Common Stock	$1,001-$15,000	Dividends	$201-$1,000	
JT	1154 Shrs SBC Com. Inc./dba SWB-Common St.	$50,001-$100,000	Dividends	$1,001-$2,500	
JT	454 Shrs Mercantile Bancorp. Inc.-Common Stock	$15,001-$50,000	Dividends	$201-$1,000	
JT	50 Shrs Genentech Inc.-Common Stock	$1,001-$15,000	Dividends	None-$200	
JT	500 Shrs Inhale Therapeutic Systems	$1,001-$15,000	Dividends	None-$200	
JT	National Computer Systems, Inc.-Common Stock	None-$1,000	Dividends	None-$200	Sold 12/27/94

Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
SP	Lord, Abbot & Co. 2033.57 Shrs Affiliated Fund, Inc.	$15,001-$50,000	Dividends	$2,501-$5,000	
JT	Piper Jaffray Money Market Fund	$1,001-$15,000	Dividends	None-$200	Purchased
JT	Topeka Hospital Rev.-Municipal bond	None-$1,000	Interest	None-$200	Redeemed
SP	1000 Shrs Enron Corporation-Corporate Convertible	$15,001-$50,000	Dividends	None-$200	Purchased
SP	200 Shrs Alco Standard-Preferred Stock Convertible	$15,001-$50,000	Dividends	None-$200	Purchased
SP	1000 Shrs MBNA Corporation-Common Stock	$15,001-$50,000	Dividends	$201-$1,000	Purchased
SP	1000 Shrs Masco Corporation-Common Stock	$15,001-$50,000	Dividends	None-$200	Purchased
SP	1000 Shrs Protective Life Corp-Common Stock	$15,001-$50,000	Dividends	None-$200	Purchased
SP	1000 Shrs Morton International Inc.	$15,001-$50,000	Dividends	None-$200	Purchased
SP	Goldman Sachs Instl Liq Assets ITA (Tax-Exempt)	$250,001-$500,000	Dividends	$201-$1,000	Purchased
SP	Municipal Prem Income TR Auctn Rate PFD Ser-C	$500,001-$1,000,000	Dividends	None-$200	Purchased

Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
SP	Van Kampen Merritt Ser-C Mun Opportunity TRII	$500,001-$1,000,000	Dividends	None-$200	Purchased
SP	Reg Aces Wash ST PUB PWR Supply	$50,001-$100,000	Dividends	None-$200	Purchased
SP	Puerto Rico Pub Bldgs Auth Gtd Ser-H	$100,001-$250,000	Interest	None-$200	Purchased
SP	Puerto Rico Electric Pwr Auth Rev Ser-W	$100,001-$250,000	Interest	None-$200	Purchased
SP	Matagorda Cnty Tex Nav Dist	$100,001-$250,000	Interest	$201-$1,000	Purchased
SP	Des Moines Iowa Hosp Facs Rev	$50,001-$100,000	Interest	None-$200	Purchased
SP	Wichita KS Ser-740 UT	$100,001-$250,000	Interest	None-$200	Purchased
SP	Puerto Rico Elec Pwr Auth Pwr Rev	$100,001-$250,000	Interest	None-$200	Purchased
SP	Texas Dept of Housing & Community Rev.	$50,001-$100,000	Interest	None-$200	Purchased
SP	Puerto Rico ComWlth Pub Impt	$50,001-$100,000	Interest	None-$200	Purchased
SP	Johnson Cnty KS Uni Sch Dist	$100,001-$250,000	Interest	None-$200	Purchased

Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
SP	KS St. Dept. Transn Hwy Rev	$100,001-$250,000	Interest	None-$200	Purchased
SP	Goldman Sachs Financial Prods US LP	$50,001-$100,000	Dividends	None-$200	Purchased
SP	2000 Shrs Anadigics Inc-Common Stock	$15,001-$50,000	Dividends	None-$200	Purchased
SP	1000 Shrs Enron Corporation-Common Stock	$15,001-$50,000	Dividends	$201-$1,000	Purchased
SP	1000 Shrs Gymboree Corp. - Common Stock	$15,001-$50,000	Dividends	None-$200	Purchased
SP	150 Shrs Estee Lauder Cos CL-A - Common St.	$1,001-$15,000	Dividends	None-$200	Purchased
SP	1000 Shrs Sports Authority -Common Stock	$15,001-$50,000	Dividends	None-$200	Purchased
SP	Telefonica de Espana SA ADR-Common Stock	$15,001-$50,000	Dividends	None-$200	Purchased
	Putnan Voyager Fund C1-B- IRA	$15,001-$50,000	Dividends	$1,001-$2,500	
	Waddell & Reid United Income Fund (621)-IRA	$15,001-$50,000	Dividends	$201-$1,000	
SP	Waddell & Reid United Income Fund (621)-IRA	$15,001-$50,000	Dividends	$201-$1,000	

Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
SP	Granger Resources, Inc., LLC	None-$1,000	Ptnshp Income	$201-$1,000	Sold
SP	Douglas County Title Co	$1,001-$15,000	S-Corp. Income	$2,501-$5,000	
SP	SFI Partnership	$1,001-$15,000	Ptnshp Income	None-$200	Purchased
DC	Capitol Federal Savings Acct#2052826 Acct#2035051 Acct#2053220	$1,001-$15,000 $1,001-$15,000 $1,001-$15,000	Interest	None-$200 $201-$1,000 None-$200	
DC	Putnam Voyager Fund C1-B	$15,001-$50,000	Dividends	$201-$1,000	
DC	Lord, Abbett & Co.-828.906 Shrs Affiliated Fund, Inc.	$1,001-$15,000	Dividends	$1,001-$2,500	
DC	Goldman Sachs ILA Tresry Obigtns	$250,001-$500,000	Interest	$15,001-$50,000	Purchased
DC	Goldman Sachs Instl Liq Assets ITA (Tax-Exempt)	$100,001-$250,000	Interest	$201-$1,000	Purchased
DC	Goldman Sachs Capital Growth Fund Inc.	$15,001-$50,000	Dividends	$2,501-$5,000	Purchased

Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
DC	Goldman Sachs Select Equity FD CL A	$15,001-$50,000	Dividends	$201-$1,000	Purchased
DC	Goldman Sachs Small Cap Equity Fd	$15,001-$50,000	Dividends	None-$200	Purchased
DC	Goldman Sachs International Equity Fd	$15,001-$50,000	Dividends	$1,001-$2,500	Purchased
DC	Goldman Sachs Growth & Income Fd	$15,001-$50,000	Dividends	$1,001-$2,500	Purchased
DC	Goldman Sachs Equity Asia Growth Fd	$1,001-$15,000	Dividends	None-$200	Purchased
DC	Commerce Bank & Trust	None-$1,000	Interest	None-$200	
DC	Stauffer Communications, Inc.-Common Stock	None-$1,000	Dividends Capital Gains	None-$200 $100,001-$1,000,000	Sold
JT	240 acres farm land: Linn County Kansas	$100,001-$250,000	Ordinary Income	$2,501-$5,000	
JT	400 Shrs URT Inds Class A	None-$1,000	Dividends	None-$200	Purchased

Samuel D. Brownback
Schedule III-Assets and "Unearned" Income

Block A		Block B	Block C	Block D	Block E
SP DC JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
	American Bar Association	None-$1,000	Book Royalties	None-$200	
SP	Goldman Sachs ILA Tresry Obligtns	None-$1,000	Interest	$15,001-$50,000	Purchased & Sold
SP	Van Kampen Merritt Mun Opprtnity Sr-A,Sr-B,Sr-C	None-$1,000	Interest	$15,001-$50,000	Purchased & Sold
SP	Municipal Premium Inc. Trust Auctn	None-$1,000	Interest	$1,001-$15,000	Purchased & Sold
SP	Van Kampen Merritt Strategic Sector Auctn	None-$1,000	Interest	$1,001-$15,000	Purchased & Sold

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	See Attached Schedule														

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Samuel D. Brownback
Schedule IV-Transactions

SP DC JT	Asset	Type of Transaction	Date	Amount Of Transaction
SP	Municipal Premium Income Trust	Purchase	07/11/95	$250,001-$500,000
SP	Municipal Premium Income Trust	Sale	07/25/95	$250,001-$500,000
SP	Van Kampen Merritt Municipal Opprty	Purchase	07/11/95	$50,001-$100,000
SP	Van Kampen Merritt Municipal Opprty	Sale	08/08/95	$50,001-$100,000
SP	Van Kampen Merritt Ser-B Mun Opprty	Purchase	06/16/95	$500,001-$1,000,000
SP	Van Kampen Merritt Ser-B Mun Opprty	Sale	09/15/95	$500,001-$1,000,000
SP	Van Kampen Merritt Mun Opprty Tr Sr-A	Purchase	06/11/95	$500,001-$1,000,000
SP	Van Kampen Merritt Mun Opprty Tr Sr-A	Sale	12/01/95	$500,001-$1,000,000
SP	Van Kampen Merritt Mun Opprty Tr Sr-A	Purchase	07/01/95	$250,001-$500,000
SP	Van Kampen Merritt Mun Opprty Tr Sr-A	Sale	11/28/95	$250,001-$500,000
SP	Contra Called Reg Wash Put	Purchase	06/30/95	$250,001-$500,000

Samuel D. Brownback
Schedule IV-Transactions

SP DC JT	Asset	Type of Transaction	Date	Amount Of Transaction
SP	Contra Called Reg Wash Put	Sale	12/08/95	$250,001-$500,000
SP	200 Shrs Physio Technology Inc.	Sale	01/12/95	$1.00
SP	12,610 Shrs Stauffer Communications, Inc.	Sale	06/14/95	$1,000,000-$5,000,000
SP	150 Shrs Stauffer Communications Inc.	Sale	06/14/95	$15,001-$50,000
	50 Shrs Stauffer Communications, Inc.	Sale	06/14/95	$1,001-$15,000
SP	Grainger Resources LLC	Sale	12/31/95	$0.00
SP	Goldman Sachs ILA Treasury Obligations Portfolio	Purchase	07/24/95	$250,000-$500,000
SP	Goldman Sachs ILA Treasury Obligations Portfolio	Sale	12/22/95	$250,000-$500,000
SP	Des Moines Iowa Hosp Facs Rev Bond	Purchase	11/10/95	$50,001-$100,000
SP	Goldman Sachs Financial Prods US LP	Purchase	10/23/95	$15,001-$50,000
SP	Johnson Cnty Kansas USD 512 Bond	Purchase	06/28/95	$100,001-$250,000

Samuel D. Brownback
Schedule IV-Transactions

SP DC JT	Asset	Type of Transaction	Date	Amount Of Transaction
SP	KS ST. Dept. Transit Hwy Rev Bond	Purchase	09/19/95	$100,001-$250,000
SP	Matagorda Cnty Tex Nav Dist	Purchase	06/14/95	$100,001-$250,000
SP	Municipal Premium Income Tr Auctn	Purchase	07/11/95	$250,001-$500,000
SP	Municipal Premium Income Tr Auctn	Purchase	12/05/95	$250,001-$500,000
SP	Puerto Rico ComWlth Pub Impt Bond	Purchase	12/22/95	$50,001-$100,000
SP	Puerto Rico Pub Bldgs Auth Gtd Bond	Purchase	12/11/95	$100,001-$250,000
SP	Puerto Rico Elec Pwr Auth Pwr Rev Bond	Purchase	07/24/95	$100,001-$250,000
SP	Puerto Rico Electric Pwr Auth Bond	Purchase	08/11/95	$50,001-$100,000
SP	Texas Dept of Hsg & Community Rev.	Purchase	11/03/95	$50,001-$100,000
SP	Van Kampen Merritt Ser-C Mun Opptnty TR II	Purchase	12/05/95	$500,001-$1,000,000
SP	Wichita Kansas Ser-740 UT	Purchase	08/04/95	$100,001-$250,000

Samuel D. Brownback
Schedule IV-Transactions

SP DC JT	Asset	Type of Transaction	Date	Amount Of Transaction
SP	Goldman Sachs Instl Liq Assets ITA (tax-Exempt)	Purchase	12/22/95	$250,001-$500,000
SP	Alco Standard -Convertible Preferred Stock	Purchase	07/19/95	$15,001-$50,000
SP	Anadigics Inc.	Purchase	12/12/95	$15,001-$50,000
SP	Enron Corporation-Common	Purchase	09/29/95	$15,001-$50,000
SP	Gymboree Corporation-Common Stock	Purchase	08/31/95	$15,001-$50,000
SP	Estee Lauder Cos Inc. CL-A Stock	Purchase	11/16/95	$1,001-$15,000
SP	MBNA Corporation-Common Stock	Purchase	08/29/95	$15,001-$50,000
SP	Masco Corporation-Common Stock	Purchase	08/30/95	$15,001-$50,000
SP	Morton International Inc.-Common Stock	Purchase	08/30/95	$15,001-$50,000
SP	Protective Life Corporation-Common Stock	Purchase	08/29/95	$15,001-$50,000
SP	Sports Authority-Common Stock	Purchase	10/02/95	$15,001-$50,000

Samuel D. Brownback
Schedule IV-Transactions

SP DC JT	Asset	Type of Transaction	Date	Amount Of Transaction
SP	Telefonica De Espana SA Adr	Purchase	10/03/95	$15,001-$50,000
DC	Goldman Sachs Adjustable Rate Govt Ag	Purchase	06/26/95	$100,001-$250,000
DC	Goldman Sachs Adjustable Rate Govt Ag	Sale	06/27/95	$100,001-$250,000
DC	2388 Shrs Stauffer Communications Inc.	Sale	06/14/95	$500,001-$1,000,000
SP	Reg Aces Wash St Pub Pwr Supply-Bond	Purchase	06/30/95	$50,001-$100,000
JT	Piper Jaffray Money Market Fund	Purchase	1995	$1,001-$15,000
JT	Topeka Hospital Rev-Municipal Bond	Reedemed	01/10/95	$1,001-$15,000
SP	Enron Corporation-Corporate Convertible	Purchased	12/07/95	$15,001-$50,000
SP	SFI Partnership Interest	Purchased	07/01/95	$1,001-$15,000
DC	Top Treasury Obigtns Prtflo - ILA	Purchased	06/15/95	$500,001-$1,000,000

Samuel D. Brownback
Schedule IV-Transactions

SP DC JT	Asset	Type of Transaction	Date	Amount Of Transaction
DC	Top Treasuyr Obigtns Prtflo - ILA	Sale	12/22/95	$100,001-$250,000
DC	Goldman Sachs Capital Growth Fund Inc.	Purchased	07/27/95	$15,001-$50,000
DC	Goldman Sachs Select Equity Fund CL A	Purchased	07/27/95	$15,001-$50,000
DC	Goldman Sachs Small Capital Equity Fund	Purchased	07/27/95	$15,001-$50,000
DC	Goldman Sachs International Fund	Purchased	07/27/95	$15,001-$50,000
DC	Goldman Sachs Growth & Income Fund	Purchased	07/27/95	$15,001-$50,000
DC	Goldman Sachs Equity Asia Growth Fund	Purchased	07/27/95	$1,001-$15,000
DC	Goldman Sachs Instl Liq Assets ITA (Tax-Exempt)	Purchased	12/22/95	$100,001-$250,000

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Kansas State University Foundation
Board of Governors	Kansas University Law School
Director (unpaid)	Kansas Agricultural & Rural Leadership, Inc.
Honorary Member	Congressional Youth Leadership Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
08/93	Goodell, Stratton, Edmonds & Palmer Law Firm; Topeka, Kansas	Contingency fee on cases I brought to the firm while employed there from 8/93 to 3/94;

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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EDWARD G. BRYANT
(Full Name)

430 Garland Rd 901-989-9273
(Mailing Address) Daytime Telephone

Henderson, TN 38340

Filer Status	[X] Member of the U.S. House of Representatives	State: TN District: 07	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Edward G. Bryant

DATE (Month/Day/Year) May 10, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name EDWARD G. BRYANT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock			X								X							X									P
			123 Main St., Dover, Del.						X						X										X					
			1st Bank of Paducah, KY accounts				X									X							X							
JT			1163 Hunter's Lake Cordova, TN 38018			X									X						X									S
JT			Money Market Account Volunteer Bank - Jackson, TN		X											X					X									
			IRA Volunteer Bank - Jackson, TN			X										X						X								
SP			IRA Volunteer Bank - Jackson, TN		X											X				X										
SP			AJR Nabisco Stock Morgan Keegan Co.		X									X							X									
DC			U.S. Savings Bonds		X											X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name EDWARD G. BRYANT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	U.S. Savings Bonds		X												X				X										

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SCHEDULE IV — TRANSACTIONS

Name EDWARD G. BRYANT | Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	1165 Hunter's Lake Cordova, TN 38018		X		4-95			X							

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Volunteer Bank	Mortgage on 1165 Hunter's Lake Condovt, TN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 4:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

JOHN W. BRYANT
(Full Name)

2330 Rayburn House Office Building
(Mailing Address)

Washington, D. C. 20515

(202)225-2231
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee	Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefitting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/96

Name JOHN W. BRYANT	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fete Accompli	Spouse Salary	NA
	United Baseball League,LLC (for league and franchise development services)	Salary	20,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
National Cable Television Association (Donated to Faith in Politics Institute)	Roundtable discussion	May 7, 1995	1,500.00
Washington Caucus (Donated to Faith in Politics Institute)	Speech	June 27, 1995	500.00

This page may be copied if more space is required.

Name JOHN W. BRYANT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Texas Professional Baseball, Inc.					X													X										
	United Baseball League, LLC					X													X										
	House 7055 Day Street, Dallas, Texas			X															X										
	Vanguard Starfund, IRA		X										X						X										
	Southwest Baseball Partners, LLC	X																	X										
	United Baseball League Partner, LLC		X																X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name JOHN W. BRYANT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
	United Baseball League Partner, GP one unit	X			2/17/95	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Wright Patman Congressional Fed. Cretit Union	Personal		X								
	Standard Federal Savings, Denver Colorado	Mortgage on 7055 Day St. Dallas, Texas		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 7 of 8
JOHN W. BRYANT	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	HUMAN RIGHTS PROJECT	April 9-12	Wash., D.C. Havanna Cuba, Wash.	Y	Y	N	N
	Artist Rights Foundation	April 28-29	Dallas - L.A. - Dallas	Y	Y	N	N
	National Cable Television Asso.	May 6-7	Wash., D.C. Dallas - Wash.	Y	Y	Y	2 days
	Columbia Institute	May 31 - June 1	Wash.,D.C.-Nashville-Wash.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Buckhorn Ranch for Children
Board of Directors	Texas Professional Baseball, Inc.
Member/Director	United Baseball League, L.L.C.
Director	Southwest Baseball Partners,L.L.C.
Chairman and President	Douglas and Chamberlain Ltd.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1998 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(6) LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 2:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED

(Office Use Only)

James Lee Bunn
(Full Name)

1517 Longworth HOB
(Mailing Address)

(202) 225-5711
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State OR District 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Jim Bunn

DATE (Month/Day/Year) May 14, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James Lee Bunn

Page 2 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
	Farm - Amity OR (45 Acres)					X														X									
	Yamhill Land Dev Corp (Stock)		X																X										
	Landmark Ventures Oreg (Shares)				X															X									
	A&A Electric (Stock)		X																X										
	Kubota Tractor			X																		X							

For additional assets and unearned income, use next page.

Name James Lee Bunn | Page 3 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Valley Community Bank	Mortage Amity OR Farm		X								
	Wright Patman Federal Credit Union	Vehicle Loan Visa		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Turkish Foreign Policy Institute	Apr 16-24	Wash DC-Turkey-WashDC	Y	Y	Y*	N

This page may be copied if more space is required.

* I was divorced, September 1995

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Landmark Ventures Oreg, Ltd.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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(Office Use Only)

(9)

Jim Bunning
(Full Name)

4 Fairway Drive
(Mailing Address)

Southgate, KY 41071-3022
Daytime Telephone 606-341-2602

Filer Status	[X] Member of the U S House of Representatives — State: KY District: 04	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Jim Bunning

DATE (Month/Day/Year): May 7, 1996

Name JIM BUNNING

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Major League Baseball Alumni Association 3637 4th Street, N. - Suite 480, St. Petersburg, FL 33704	Printed Cards Players Pool Share	$ 65.00
	Bull Pen Boys 2350 New Market Square, Bensalem, PA 19020	Payment for Autographed Base-balls & Photos & Bats	5,000.00
	The Speakers Corner 152 Tuckahoe Drive, Shelton, CT 06484		5,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
David Boudouin, Philadelphia, PA	Charity Baseball Appearance-Speech	Mt. Vernon, VA Oct. 8, 1995	$1,500.00
P.O. Box 4558 Drew Gross - ProLink, Pinehurst, N.C. 28374	Baseball Legends Golf Scram.-Speech	Orlando, FL Nov.2-5, 1995	2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JIM BUNNING

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Equitable Life Assurance Co.							X							Pension								X						
	Fidelity Equity Income Fund			X															N/A										
	Deferred compensation from the State Senate - 1983.																												
	This transaction was in exchange for T. Rowe Price International Stock Fund																												
	Host Communications Stock					X									None							None							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JIM BUNNING

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Citizens Bank of Campbell County			X											X					X										
	Comair - 2750 Shares				X								X							X										
	Legg Mason Investments																													
	IRA Rollover - Broker Switched from Hillard Lyons to Legg Mason																													
	1050 Shares Comair			X									X							X										
	564 Shares Intelligent Electronics - Exchange for 1000 Shares Future Now		X										X						X											
	1000 Shares Surgical Laser Tech		X											None								None							

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name JIM BUNNING

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Comair - 1000 Shares		X		04-26-95		X								
	Comair - 3 for 2 Stock Split			X	05-09-95										
	Comair - 500 Shares		X		06-12-95		X								
	Comair - 1000 Shares	X			07-17-95		X								
	Comair - 500 Shares	X			10-11-95	X									

This page may be copied if more space is required.

Name JIM BUNNING | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens Bank of Campbell County	Line of Credit		X								
	Legg Mason, Cincinnati, OH	Margin Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

Name JIM BUNNING | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Danny Thompson Golf Tournament	Apr.23-26	Cincinnati-Sun Valley-Cincinnati	Y	N	Y/Spouse	1 Day
Drew Gross - ProLink	Nov. 2-4	Cincinnati-Orlando-Cincinnati	Y	N	Y/Spouse	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1998 22-842 (mac)

Use additional sheets if more space is required.

RICHARD BURR
5TH DISTRICT, NORTH CAROLINA
COMMITTEE:
COMMERCE
SUBCOMMITTEES:
HEALTH AND THE ENVIRONMENT
ENERGY AND POWER
OVERSIGHT AND INVESTIGATIONS

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DC INFO LINE:
(202) 226-0320
E-MAIL: mail2nc5@hr.house.gov
WWW-http://www.house.gov/burr/
DISTRICT OFFICE
2000 WEST FIRST STREET
SUITE 508
PIEDMONT PLAZA TWO
WINSTON-SALEM, NC 27104
(910) 631-5125
FAX (910) 725-4493

Congress of the United States
House of Representatives
Washington, DC 20515–3305

MC

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TO: The Clerk,
United States House of Representatives

FROM: Congressman Richard Burr

DATE: May 15, 1996

I am pleased to enclose my 1995 Financial Disclosure Statement. I have noted under Schedule III, "Assets and 'Unearned' Income," assets purchased after the transfer of my ESOT (Employee Stock Option Trust.) After my swearing-in to the United States House of Representatives my previous employer, Carswell Distributing Co. suggested I cash out of the ESOT.

During my preparation for the 1995 Financial Disclosure Statement, I realized that I had overlooked my ESOT balance on previous Disclosure Statements. Please use this notification as an amendment to prior statements where this listing was not included.

Thank you for your consideration of this request and acceptance of my 1995 Disclosure Statement.

Sincerely,

Richard Burr
Member of Congress
RB:ap

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U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Richard Mauze Burr
(Full Name)

2634 Forest Drive (202) 225-2071
(Mailing Address) Daytime Telephone

Winston-Salem NC 27104

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL **DATE** (Month/Day/Year) 5/15/96

Name	Page 2 of 9
Burr	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Graham and Boles Realty (wife) Winston-Salem, NC	Spouse Commission	NA
	Connery Photograhy (wife)	Spouse Commission	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NA			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Burr

Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	625 Polo Rd., Winston-Salem, NC				X									X									X						
JT	Granvilla Apts., Hwy 158 (1/3)				X									X									X						
SP	Sara Lee Corporation stock		X										X						X										
SP	Southern National stock		X										X							X									
SP	US West Comm Group stock		X										X							X									
SP	US West Media Group stock		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Burr

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Goldman Sachs Equity		X										X							X									
DC	Lord Abbett Global Fund		X										X							X									
	Smallcap World Fund, Inc.		X										X						X										
DC	Smallcap World Fund, Inc.		X										X						X										
DC	Southern National stock		X										X							X									
JT	Carswell Distributing Co. stock		X													X			X										
SP	Central Carolina Bank (checking)	X													X				X										
JT	Piedmont Federal (savings)		X												X					X									
DC	Edward D Jones money market		X												X				X										
	Edward D Jones money market		X												X				X										
	BB & T Savings		X												X				X										
SP	Edward D Jones cash money market		X												X				X										

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SCHEDULE IV — TRANSACTIONS

Name Burr

Page 6 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Legg Mason Special Investment Trust		X		5-2-95	X									
*	US West Comm Group stock	X			2-15-95	X									
*	US West Media Group stock	X			"	X									
*	Putnam Capital Appreciation	X			"	X									
*	Putnam Growth and Income Fund	X			"	X									
*	Putnam New Opportunities	X			"	X									
*	Federal National Mtg. Assn.	X			"	X									
*	Tenn. Valley Authority Bond	X			"	X									

*Denotes item result from transfer of ESOT Plan Carswell Distributing Company $44,407

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Name Burr

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Piedmont Federal Savings	625 Polo Rd W-S, NC		X								
JT	Central Carolina Bank (1/3 Partner)	Granvilla Apts. Hwy 158		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

Name Burr

Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nuclear Energy Institute Yucca Mountain, NV	June 8,9	Wash.,D.C.-Las Vegas-Wash., D.C.	Y	Y	N	N
	Court Appointed Special Advocates Charity	April23-26	Greensboro NC- Houston, Tx- Greensboro NC	Y	Y	Y	Y

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Name	Burr	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
State Co-chairman	North Carolina Taxpayers United
Partner	Granvilla Partners
Board Member	Brenner Children's Hospital

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NA	

GPO 1998 22-642 (misc)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 4:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Danny L. Burton
(Full Name)

2411 Rayburn House Office Building
(Mailing Address)

Daytime Telephone.

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Indiana District: 6	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Danny L. Burton

DATE (Month/Day/Year) 5-15-96

Name	Danny L. Burton	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Burton Agency - Spouse	Commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Danny L. Burton	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	World Wide Media Association, Washington, DC	Speech	Nov. 29, 1995	$2000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Danny L. Burton

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Agnico Eagle Mines Limited			X									X						X										
	Canyon Resources Corp.		X										X						X										
	Homestake Mining Co.		X										X						X										
	Newmont Gold Company		X										X						X										
	Nuveen Muni. Mkt. Oppt. Fund			X									X		X	X					X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L. Burton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Ribi Immunochem Research, Inc.	X											X						X										
	National Government Fund			X									X						X										
	IRA:																												
	Prudential Allocation Fund Cons B		X										X			X				X									
	Prudential Global Fund Class B		X													X				X									
	Prudential Intermediate Global Income Fund Class B		X										X							X									
	National Government Fund	X											X						X										
SP	Prudential Allocation Fund Cons B		X										X			X				X									
SP	Prudential Global Fund Class B		X													X				X									
SP	Prudential Intermediate Global Income Fund Class B		X										X							X									
SP	National Government Fund	X											X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L. Burton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Keogh:																												
	Prudential Allocation Fund Cons B		X										X			X				X									
	Prudential Global Fund Class B		X													X				X									
	Prudential Intermediate Global Income Fund Class B		X										X							X									
	National Government Fund	X											X						X										
SP	Prudential Allocation Fund Cons B		X										X			X				X									
SP	Prudential Global Fund Class B		X													X				X									
SP	Prudential Intermediate Global Income Fund Class B		X										X							X									
SP	National Government Fund	X											X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L. Burton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Burton Agency			X															X										
JT	Residential Rental 8409 E. 46th St., Indpls., IN				X									X							X								
JT	Burton Ranch Farmland (6A)				X																								Partial E
JT	Harting Farm, Hancock County, IN					X								X								X							
JT	Laurel County, KY Land (20A)			X															X										
JT	Bower Estate Lots		X													X						X							Partial S
JT	Residential Rental 1037 Mustang Ct., Franklin, IN				X									X							X								P
JT	Residential Rentals - Doubles 2176-2181 Galaxy Dr., Greenwood, IN						X							X										X					E
JT	Lowery Farm, IN Land (33.3A)					X													X										E
JT	Country View Estates						X									X								X					P, Partial S

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SCHEDULE IV — TRANSACTIONS

Name Danny L. Burton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	IRA:														
	Prudential Allocation Fund Cons B	X			Var	X									
	Prudential Global Fund Class B	X			Var	X									
	Prudential Intermediate Global Income Fund Class B	X			Var	X									
SP	Prudential Allocation Fund Cons B	X			Var	X									
SP	Prudential Global Fund Class B	X			Var	X									
SP	Prudential Intermediate Global Income Fund Class B	X			Var	X									
	Keogh:														
	Prudential Allocation Fund Cons B	X			Var	X									
	Prudential Global Fund Class B	X			Var	X									
	Prudential Intermediate Global Income Fund Class B	X			Var	X									
SP	Prudential Allocation Fund Cons B	X			Var	X									
SP	Prudential Global Fund Class B	X			Var	X									
SP	Prudential Intermediate Global Income Fund Class B	X			Var	X									

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SCHEDULE IV — TRANSACTIONS

Name Danny L. Burton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Burton Ranch Farmland			X	2/22/95					X					
JT	Lowery Farm, IN Land (33.3A)			X	4/21/95				X						
JT	Country View Estates	X			1/1/95				X						
JT	Country View Estates		X		8/16/95 9/22/95		X								
JT	Residential Rentals - Doubles 2176-2181 Galaxy Dr., Greenwood, IN			X	5/22/95					X					
JT	Residential Rental 1037 Mustang Ct., Franklin, IN	X			11/17/95			X							
JT	Bower Estate Lot		X		12/26/95		X								
JT	Brown County, IN Land			X	3/15/95	X									

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Name	Danny L. Burton	Page ~~10~~ of ~~11~~

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Indiana Constructors, Inc.		Feb. 26-27	Indianapolis-Ft.Myers-D.C.	Y	Y	N	N
Young Americas Foundation		Jan.21-23	Baltimore-Orlando-Miami-D.C	Y	Y	N	1 Day
Utah Congressional Golf Challenge Utah Families Foundation		Aug 19-22	Indianapolis-Salt Lake City-Sun Valley	Y	Y	N	2 Days
Danny Thompson Memorial Golf Leukemia Research		Aug 23-27	Sun Valley-Indianapolis	Y	Y	N	
Citizenship Foundation of Puerto Rico		Apr 11-16	Indianapolis-San Juan, PR-Indianapolis	Y	Y	Y	

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Name	Danny L. Burton	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Consultant (Uncompensated)	Burton Agency

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Stephen E. Buyer
(Full Name)

326 Cannon House Office Building
(Mailing Address)

Daytime Telephone: 202/225-5037

Washington, DC 20515-1405

Filer Status	[X] Member of the U.S. House of Representatives	State: Indiana District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/96

Name Stephen E. Buyer	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Federal Mogul	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Stephen E. Buyer

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Law office 103 W Broadway Monticello Indiana				X									X									X						
JT	Money Market Account Charles Schwab, Indianapolis, IN		X												X					X									
JT	Savings Account State & Savings Bank Monticello, IN		X												X				X										
	IRA Charles Schwab, Indianapolis, IN		X												X					X									
SP	IRA Charles Schwab, Indianapolis, IN				X										X						X								
	Savings Account Wright Patman Cong. FCU, Wash., DC			X											X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stephen E. Buyer

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Checking Account Wright Patman Cong. FCU, Wash., DC		X												X					X									

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Name Stephen E. Buyer | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Small Business Administration, Denver, CO	Mortgage on Law Office, 103 W. Broadway, Monticello, Indiana		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Assoc. of Broadcasters	April 8-10	Indianapolis, IN-Las Vegas, NV-Indianapolis, IN	Y	Y	Y	N
	Court Appointed Special Assistants	Apr. 22-26	Indianapolis, IN- Houston, TX- Indianapolis, IN	Y	Y	Y	N
	Texas Instruments	May 12-14	Indianapolis, IN- Dallas, TX- Indianapolis, IN	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12/31/92	Clients of former law practice	Fee agreements with former clients & referred law firms for payment when cases are resolved. All compensated work performed prior to January 1, 1993.

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

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HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHIEN DRIVE
(Mailing Address)

MOBILE AL 36693

Daytime Telephone: (334) 690-2811

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 01	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: H Callahan

DATE (Month/Day/Year): May 14th, 1996

Name HERBERT LEON CALLAHAN | Page 2 of 2

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US HOUSE OF REPRESENTATIVES	SALARY	133,600

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
	AM SOUTH BANK	$50,001 - $100,000	Interest	$1,001 - $2,500	
	FIRST ALABAMA BANK	$1,001 - $15,000	Interest	$1 - $200	
	FEDERAL CREDIT UNION	$1,001 - $15,000	Interest	$1 - $200	
	THE FINCH COMPANIES	$250,001 - $500,000	Interest	$15,001 - $50,000	
	FURNITURE LEASING CORPORATION	$1 - $1,000	Interest	$1 - $200	
	FROM "SUB S" CORPORATION (PASS THROUGH ITEMS)				
	FURNITURE LEASING CORP.	Over $1,000,000	Dividends	$100,001 - $1,000,000	
	FROM PARTNERSHIPS (PASS THROUGH ITEMS)				

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	H.B. DEVELPOMENT VENTURE	$15,001 - $50,000	Interest	$1 - $200	
	DOUBLE M JOINT VENTURE	$15,001 - $50,000	Rent	$1 - $200	
	CHOCTAW COUNTY ALABAMA CAMP	$1,001 - $15,000	None	$1 - $200	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	FIRST ALABAMA BANK	PERSONAL	$15,001 - $50,000
	SOUTHTRUST BANK	PERSONAL	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	FIRST ALABAMA BANK	PERSONAL	$15,001 - $50,000
	SOUTHTRUST BANK	PERSONAL	$15,001 - $50,000
	VICTOR T. HUDSON	PERSONAL	$15,001 - $50,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
ASIA-PACIFIC EXCHANGE	08/08/95	WASH.,D.C. - BEIJING	Y	Y	Y	
FOUNDATION	08/21/95	HONG KONG - YANGON -				
		SINGAPORE - WASH.,D.C.				

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
PARTNER	DOUBLE-M JOINT VENTURE
PARTNER	H.B. DEVELOPMENT
CHAIRMAN	FURNITURE LEASING CORP.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26

Date	Parties To	Terms of Agreement
10/31/94	SECURE-IT SELF STORAGE	WHEN SECURE-IT SELF STORAGE WAS SOLD IN 1994 AGREEMENT TO SHARE NET PROFITS IF SOLD IN FIVE YEARS.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 14 PM 5:08
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U.S. HOUSE OF REPRESENTATIVES

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MC
(Office Use Only)

KENNETH STANTON CALVERT
(Full Name)

1034 LONGWORTH BUILDING — 202/225-1986
(Mailing Address) — Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 43rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Kenneth S. Calvert

DATE (Month/Day/Year): 5/14/96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name KENNETH STANTON CALVERT

Page 4 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X										X				
			1st Bank of Paducah, KY accounts				X									X						X							
	Commercial Rental 63 W. Grand Blvd., Corona, CA						X								X				X										
	Commercial Rental 330 N. Sherman, Corona, CA						X								X					X									S
	Vacant Land (10%) Greenway Farms, TX							X							X				X										
	Vacant Land (9.16%), Corona, CA Temescal Interstate Prop.						X												X										
	Vacant Land Greenriver Business Park, Corona CA						X												X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name KENNETH STANTON CALVERT

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Note Receivable Calvert Real Properties, Inc.					X									X								X						
	Vacant Land, Temescal Canyon Corona, CA (17%)				X														X										
	Vacant Land, Santa Rosa Ranch Murrieta, CA					X													X										
	LTD Partnership - Western Ag. Ventures Assoc. - TCD's	X																	X										
	Stock in Calvert Real Properties FNC- Corona, CA				X														X										
	Land - Temescal Creek Corona, CA					X								X						X									
	Commercial Rental (27%) Main at Washburn, Corona, CA				X									X									X						
	1498 Greenbriar, Corona, CA					X													X										
	Ken Calvert for Congress Committee P.O. Box 1414, Riverside, CA			X									Loan Repayment											X					

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SCHEDULE IV — TRANSACTIONS

Name KENNETH STANTON CALVERT

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	330 N. Sherman Commercial Rental, Corona, CA			X		01-17-95				X						

This page may be copied if more space is required.

Name	KENNETH STANTON CALVERT	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Upland Bank, Corona, CA (Mortgage-330 Sherman, Corona, CA					X						
	Upland Bank, Corona, CA	Mortgage, 63 W. Grand, Corona					X					
	Western Community Bank, Corona, CA	Mortgage, 63 W. Grand, Corona				X						
	Western Community Bank, Corona, CA	Mortg., Santa Rosa Plateau, Santa Rosa, CA)					X					
	Western Community Bank, Corona, CA	Mortg., Green River Bus. Park Corona, CA				X						
	De Anza Bank, Riverside, CA	Mortg. Vacant Land, Temescal Interstate Prop. Corona, CA		X								
	Liberty National Bank, Santa Fe Springs, CA	Mortg., Temescal Canyon, Corona				X						
	Western Cities Mortg., Orange, CA	Mortg., 1498 Greenbriar, Corona				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Santa Fe Pacific Gold and Viceroy Gold	Feb. 19-20	Ontario-Brawley-Las Vegas-DC	Y	Y	N	N
	Gold Institute	Apr. 9-11	D.C.-Ft.Meyers-Miami-LAX	Y	Y	N	N
	Southern California Rock	Apr. 23-25	Unt-SJ-SFO-Ontario	Y	Y	N	N
	Chinese National Assoc. of Industry and Commerce	Aug. 22-29	Ontario-SFO-Taipei SFO-Ontario	Y	Y	N	N
	Shell Oil Company	Sept. 14-16	D.C. - New Orleans-DC	Y	Y	N	N
	Mid-America Dairymen, Inc.	Oct. 20-23	D.C. - Minneapolis-S.Dakota Minn. - D.C.	Y	Y	N	N
	MCI	Oct. 27-29	D.C.-New York-D.C.	Y	Y	N	N

This page may be copied if more space is required.

Name	KENNETH STANTON CALVERT	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

KEN CALVERT
43D DISTRICT, CALIFORNIA
COMMITTEE ON RESOURCES
CHAIRMAN
SUBCOMMITTEE ON ENERGY AND MINERAL RESOURCES
COMMITTEE ON SCIENCE
SUBCOMMITTEES:
SPACE AND AERONAUTICS
TECHNOLOGY, VICE-CHAIRMAN
COMMITTEE ON AGRICULTURE
SUBCOMMITTEE
DEPARTMENT OPERATIONS, NUTRITION, AND FOREIGN AGRICULTURE

WASHINGTON OFFICE
1034 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0543
(202) 225–1986

DISTRICT OFFICE
3400 CENTRAL AVENUE
SUITE 200
RIVERSIDE, CA 92506
(909) 784-4300

Congress of the United States
House of Representatives
Washington, DC 20515–0543

LEGISLATIVE RESOURCE CENTER
96 MAY 23 PM 3:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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May 22, 1996

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MC

Clerk of the House
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Sirs:

I am writing to submit an addendum to my 1995 Financial Disclosure Report. I had inadvertently left Schedule II out of my original report that was filed on May 14, 1996.

If you should have any questions, please do not hesitate in contacting me or my Executive Assistant at 202/225-1986.

In advance, thank you for your immediate attention to this matter.

Sincerely,

Ken Calvert

KEN CALVERT, M.C.

KC:lu

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LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Name KENNETH STANTON CALVERT	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	*California Cable Television Association, Oakland, CA	Speech	Dec. 1, 1995	$1,000
	*Note: Check to be dated and mailed 5/96 to the Corona-Norco YMCA.			

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

David Lee Camp
(Full Name)

5901 Woodview Pass
(Mailing Address)

Midland, MI 48640

Daytime Telephone: (202)225-3561

Filer Status	[X] Member of the U.S. House of Representatives — State: MI District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Dave Camp

DATE (Month/Day/Year) 5/15/96

Name	David Lee Camp	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Nancy L. Camp - The Dow Chemical Company	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Lee Camp

Page 1 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Camp Real Estate Agency Commercial Buildings in Michigan					X								X									X						
	Chemical Bank & Trust Co. - Checking	X													X					X									
	Chemical Bank & Trust Co. - Checking	X													X				X										
	Chemical Bank & Trust Co. - Checking		X												X				X										
	Chemical Financial Corporation - Stock		X										X								X								
	American Home Products - Stock		X										X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Comerica, Inc. - Stock			X									X								X								
	Dow Chemical Company - Stock							X					X											y					
	HJ Heinz - Stock			X									X								X								
	Kellogg - Stock			X									X							X									
	VanKampen Municipal Trust		X												X					X									
	A G Edwards - MMF - Centennial		X												X					X									
	A G Edwards - Rollover IRA - Self-Directed																												
	Bond Fund of America			X									X								X								
	Daily Cash Accum. Fund	X											X							X									
	HJ Heinz		X										X							X									
	May Department Stores		X										X							X									
	Seligman CMMNCTNS and Info. Fund		X												X				X										P
	A G Edwards IRA - Self-Directed																												
	Daily Cash Accum. Fund	X											X						X										
	Chemical Financial Corporation			X									X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	A G Edwards - IRA Self-Directed, Continued																												
	Seligman Henderson Global Fund			X											X					X									P
	Gillette Company		X										X							X									P
	Home Depot, Inc.		X										X						X										P
	Intel Corporation		X										X						X										P
	McDonalds Corporation		X										X						X										P
	Sara Lee Corporation		X										X						X										P
	Sprint		X										X						X										P

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SCHEDULE IV — TRANSACTIONS

Name David Lee Camp

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
	Intel Overseas Corporation - Zero Coupon		X		05-15-95	X									
	DIMCO Advisors Fund		X		05-19-95	X									
	Seligman CMMNCTNS and Info. Fund	X			05-24-95	X									
	Seligman Henderson Global Fund	X			05-19-95		X								
	Gillette Company	X			09-29-95	X									
	Home Depot, Inc.	X			09-29-95	X									
	Intel Corporation	X			09-29-95	X									
	McDonalds Corporation	X			09-29-95	X									
	Dow Chemical Company		X		03-01-95	X									
	Bond Fund of America, Inc.	X			Various 1995	X									

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Name David Lee Camp | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Chemical Bank and Trust Company; Midland, MI 48640	Mortgage on property in Merrill, Michigan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Thomas J. Campbell
(Full Name)

2221 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2631

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 15	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than **30 days late.**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL Thomas J. Campbell

DATE (Month/Day/Year) 5/13/96

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	California State Senate, Sacramento, CA	Salary	65,000
	Stanford Law School, Stanford, CA	Salary	57,000
	SPS Transactions Corporation, Riverwood, IL	Director's Fees and Options	37,500
	Law & Economics Consulting Group, Emeryville, CA	Economic Consulting	30,000
	UC Berkeley HAAS School of Management, Berkeley, CA	Spouse's Salary	NA
	Atlas Corporation	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Bungalow behind residence (665 Alvarado Row, Standford, 94305)	$1,001 - $15,000	Rent	$5,001 - $15,000	NA
SP	***General Motors Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	***Johnson & Johnson Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	NA
	SPS Transactions Corporation (stock options obtained over three years. Exercised 11/3/95)	$5,001-$15,000	Capital Gains	$5,001 - $15,000	P/S
SP	***ITT Hartford Group Inc.	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	***McDonald's Corporation	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Wells Fargo Checking Acct.	$1,001 - $15,000	Interest	$1 - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Wells Fargo Savings Acct.	$15,001 - $50,000	Interest	$201 - $1,000	NA
	Wells Fargo Checking Acct.	$1,001 - $15,000	Interest	$1 - $200	NA
	Charles Schwab	$1,001 - $15,000	Interest	$1 - $200	NA
SP	The Reserve Fund (Ferris Baker Watts)	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Lincoln National Life	$1 - $1,000	Dividends	$1 - $200	NA
SP	***Washington Mutual Fund (Including American Funds Group and New Perspective Fund)	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	First Virginia Bank Account	$1,001 - $15,000	Interest	$1 - $200	NA
SP	***Wheat First Money Market	$15,001 - $50,000	Dividends	$5,001 - $15,000	P
SP	Georgian Wines L.L.C.	$15,001 - $50,000	Dividends	$1 - $200	NA
SP	Chalice Travel (Spouse began traveling to USSR in 1981 which has continued to the present. She is involved in business exchange and tourism.)	Contributed Labor	None	None	P
SP	Martin Family Trust: (Spouse has remainder interest: no right to present income.)				NA
	-- US Treasury Notes	$50,001 - $100,000			
	-- Heinz H.J. Company	$15,001 - $50,000			
	-- JC Penny	$15,001 - $50,000			
	-- New England Telephone & Telegram	$1,001 - $15,000			
	-- First Virginia Bank	$100,001 - $250,000			
SP	***MFS Municipal Bond Fund Class A	$1,001 - $15,000	Interest	$201 - $1,000	NA
					NA
	***All securities are set up to reinvest dividends and capital gains in more shares.				

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	SPS Transaction Services, Inc. (Common Stock, upon exercise of option)	Purchase	11/3/95	$50,001 - $100,000
	SPS Transaction Services, Inc. (Common Stock, upon exercise of option)	Sold	11/3/95	$50,001 - $100,000
SP	***ITT Hartford Company	Purchase	12/22/95	$1,001 - $15,000
SP	***Ferris Baker Watts (Reserve Fund)	Sold	12/1/95	$1,001 - $15,000
SP	***Wheat First Money Market Fund	Purchase	12/1/95	$15,001 - $50,000
SP	MFS Munical Bond Fund Class A	Purchase	1/14/91 (Inadvertently omitted from earlier report of Nov. 6, 1995.)	$1,001 - $15,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Senator	California State Senate
Professor	Stanford Law School
Director	SPS Transactions Corporation, Riverwoods, IL
Independent Consultant	Formerly a principal of Law & Economics Consulting Group, Emeryville, CA. Since 11/93, no official affiliation. Up to 11/95, consultant fees on specific cases were received through Law & Economics Consulting Group. None thereafter.

Name Thomas J. Campbell	Page 7 of 7

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Stanford University and Tom Campbell	Tenured faculty member when not on leave, salary and right to live on campus. On leave, Spring and Autumn semesters, 1996.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Charles T. Canady
(Full Name)

1222 Longworth House Office Bldg, Washington, D.C. 20515 (202) 225-1252
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Chas. T. Canady

DATE (Month/Day/Year) May 15, 1996

Name Charles T. Canady	Page 2 of 2

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (unpaid)	Volunteers in Service to the Elderly, Inc.
Director (unpaid)	Care Net

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 14 PM 12: 39
(18)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

BENJAMIN L. CARDIN
(Full Name)

9 Whitebridge Court — 410-433-8886
(Mailing Address) — Daytime Telephone:

Baltimore, Maryland 21208

Filer Status	[X] Member of the U.S. House of Representatives — State: Maryland District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Benjamin L. Cardin

DATE (Month/Day/Year) May 14, 1996

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Maryland	Legislative Pension	$3717
	Maryland Assoc. of Non-public Special Education Facilities	Spouse's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Olin Corporation Common Stock			X									X							X									
	Bristol Myers Squibb Co. Common Stock				X								X									X							P
	Time Warner Common Stock		X										X						X										
	BHC Communications, Inc. Common Stock		X										X						X										
	Niagara Mohawk Common Stock		X										X						X										
	Comsat Corp. Common Stock		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Smith, Barney - Joint Account with spouse - following assets:																												
	1. Time Warner Debenture		X												X					X									S
	2. Nuveen Prem. Inc. Munc. Fund NO LONGER OWNED	X											X							X									S
	3. Prince George's Co., Md. Bond		X										No income Zero coupon																
	4. Cash Management Account		X										X							X									
SP	Northeast Utilities Common Stock			X									X								X								P
	A.T. & T. Common Stock			X									X							X									
SP	Camden Yards Cold Storage, Inc. NO LONGER OWNED	X											NOTE 1						X										X
JT	Md. Health & Higher Ed. Bond (Alex Brown Account)		X												X					X									
JT	Israel Bonds		X												X				X										
JT	Meyer M. Cardin Trust NOTE 2 includes following asset:																												
	Primissory Note - B. Green & Co. Owings Mills, Md.							X							X									X					
TE 3	Venture BG Partnership; B.Green & Co.; Owings Mills, Md.	X											J(c) Distributions									X X							
	Keough - A.B.A. Retirement Plan Benj. L. Cardin Retire. Plan						X							N/A															
SP	Deferred Comp. Plan - Spouse's Employment			X										N/A															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
TE	4	IRAs - Regal Savings Bank; Owings Mills, Md. Assets include:																												
		1. Israel Bonds			X											N/A														
		2. Money Market Funds		X												N/A														
SP		T.I.A.A. - CREF Retirement & Pension Plans - Spouse's Emp.		X												N/A														
		Benjamin L. Cardin Trust (Settlor) NOTES 6 & 7				X								No income						X										
		Congressional Credit Union		X												X				X										
JT		Dean Witter - Joint Account with spouse - following assets:																												
		1. Colonial Utilities Fund			X									X							X									
		2. Keystone Custodian Fund			X												X						X							P
		3. Dean Witter Global Div. Growth Fund			X									X			X				X X									P
		4. Putnam Global Growth Fund			X									X			X				X X									P
		5. AIM Value Fund, Class B			X									X			X				X X									P
		6. Cash Management Account				X								X								X								
		7. Mid Atlantic Realty Trust Common Stock		X										X							X									
		Benjamin L. Cardin Trust (B. Green) NOTE 5	X												NOTE 5															NOTE 5
		ASSETS NO LONGER HELD IN TRUST																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Dean Witter Account - Benjamin L. Cardin - following assets:																											
	1. Washington Suburban San. Bonds			X											X						X							
	2. Howard Co., Md. Bonds			X											X						X							
	3. University of Md. Bonds				X										X							X						
	4. Md. Com. Dev. Bonds			X											X						X							
	5. Anne Arundel Co.,Md. Bonds			X											X						X							
	6. Seligman Bond Fund			X											X						X							
	7. Md. Health & Higher Ed. Bond		X												X	X			X									
	8. Md. Tax Free Bond Fund 76				X										X								X					
	9. Annapolis Md. Bond			X											X				X									
	10. Maryland State Bond			X											X						X							
	11. Smith, Barney Int. Munc. Bond Fund			X											X						X							
	12. Eaton Vance Munc. Trust			X											X						X							P
	13. Md. Inv. Quality Tax Exempt Trust - Ser. 44		X												X				X									
	14. Md. Tax Free Bond Trust 70		X												X				X									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	15. Md. Tax Free Bond Trust 71 (Trust 283)			X											X						X								
	16. Md. Tax Free Bond Trust 79			X											X						X								
	17. Md. Tax Free Bond Trust 84			X											X						X								
	18. Nuveen Md. Prem. Munc. Fund			X											X						X								
	19. Tax Exempt Sec. Trust 374 TR 32				X										X							X							
	20. Delaware Group Div. & Inc. Fund			X									X								X								
	21. Putnam Fund for Growth & Income B				X								X			X					X								P
	22. American Capital Equity Inc. Fund B			X									X			X				X	X								P
	23. GT Global Telecommunication Fund B			X									X			X				X	X								P
	24. Dean Witter Cash Management Account		X										X								X								
	25. Colonial Trust Utilities Fund Class B (Trust IV)			X											X						X								P
	26. Dean Witter Select Munc. Md. Fund		X												X					X									
	27. Md. Dept. of Trans. Bond		X												X					X									
	28. Frederick Co., Md. Bond			X											X						X								
	29. Keystone Small Co. Growth		X										X						X										P

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	30. Dean Witter American Value Fund		X										X							X									P
																X			X										

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	Northeast Utilities Common Stock	X			Quarterly NOTE 8	X									
JT	Keystone Custodian Fund (Dean Witter Account - JT)	X			June, Sept Nov. NOTE 8	X									
JT	Nuveen Premium Income Muncipal Fund (Smith Barney Account)		X		10/5/95 NOTE 9		X								
JT	Putnam Global Growth Fund (Dean Witter Account - JT)	X			12/29/95 NOTE 8	X									
JT	AIM Value Fund, Class B (Dean Witter Account - JT)	X			12/22/95 NOTE 8	X									
	Bristol Myers Squibb Co. Common Stock	X			Quarterly NOTE 8	X									
JT	Time Warner Debenture (Partial Redemp. by Co.) (Smith Barney Account)		X		9/18/95	X									
JT	Dean Witter Global Dividend Growth Fund (Dean Witter Account - JT)	X			QUARTERLY NOTE 8	X									
SP	Camden Yards Cold Storage Inc.	DISSOLVED			12/31/95	NO MONEY RECEIVED									
	Eaton Vance Munc. Trust (Dean Witter Account)	X			Monthly NOTE 8	X									
	Putnam Fund for Growth & Income B (Dean Witter Account)	X			QUARTERLY NOTE 8	X									
	American Capital Equity Income Fund B (Dean Witter Account)	X			QUARTERLY NOTE 8	X									
	Colonial Trust IV Utilities Fund Class B (Dean Witter Account)	X			Monthly NOTE 8	X									
	Keystone Small Co. Growth (Dean Witter Account)	X			12/13/95	X									
	Dean Witter American Value Fund (Dean Witter Account)	X			12/13/95	X									
	GT Global Telecommunications Fund B (Dean Witter Account)	X			12/15/95 NOTE 8	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	See NOTE 3 and attachments for Liabilities of Venture B.G. Partnership											
	See NOTE 6 and attachments for Liabilities of Benjamin L. Cardin Trust (Settlor) including Green Properties Partnership											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Md. State Chamber of Com.; 60 West St.;Annapolis,Md.	Oct.8,1995	Flight from Balto.,Md. to Ocean City, Md. to Balto., Md. on same night for a speach	N	Y	N	N

Name BENJAMIN L. CARDIN | Page 12 of 18

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED SHEET

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Jan. 2, 1987 (Retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits (reported Part I) and the right to participate in health insurance with employer subsidizing some of the cost.

GPO 1996 22-642 (mac)

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
PART VIII POSITIONS

POSITION	NAME OF ORGANIZATION
Trustee	St. Mary's College; St. Mary's Maryland
Director/Chairman	Maryland Legal Services Corporation; Balto., Md.
Board Member	Menorah Lodge #771; B'nai B'rith; Balto., Md.
Board of Visitors	University of Maryland Law School; Balto., Md.
Board of Advisors	Closeup Foundation; Virginia
Technical Review Committee	Maryland Psychiatric Research Center; Balto., Md.
Board of Advisors	Patriots of Fort McHenry; Balto., Md.
Board of Advisors	Balto. Zionist District; Balto., Md.
Member	President's Advisory Board; University of Maryland Balto. Co.; Catonsville, Md.
Co-Chair, Advisory Board	Maryland Education Coalition; Balto., Md.
Advisory Committee	Lawyer's Campaign Against Hunger; Balto., Md.
Partner	Partnerships listed in PARTS II & III (Venture BG, Green Properties and Warwick Associates)
Member	Chancellor's Advisory Council, University of Maryland System; College Park, Md.
Member	Md. DEED Day Care Financing Program Advisory Board; Balto., Md.

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
NOTES

1 Although book income showed a profit for 1995 it was offset with prior year's losses for a net book income of $90 which was not distributed.

2 A trust established by filer's father for the benefit of filer and spouse during their lifetime with remainderman interest to filer's children.

3 Venture BG is a partnership that holds the land at 3601 Washington Blvd., Balto., Md. The property is leased to B. Green & Co., Inc. The filer owns a 2% interest. The evaluation is based on book value, i.e. a negative partner's capital account. The Assets and Liabilities of the partnership are listed on the attached sheets. Income reflected on Part III represents "income" J(c) line on K1 form (12 month reporting period ending 6/24/95) and "distributions" represents actual cash distributions received in 1995 rather than amount from line J(d) of K1 (since K1 is for the 12 month period ending 6/24/95).

4 Includes IRAs for filer and spouse

5 The Benjamin L. Cardin Trust (B. Green) was terminated on 4/15/95 and all assets were transferred to Benjamin L. Cardin free of trust and are listed under "Dean Witter Account - Benjamin L. Cardin". All assets, income and transactions for the entire year are listed under "Dean Witter Account - Benjamin L. Cardin" regardless of whether the income or transaction occurred during the life of the trust or after the termination of the trust.

6 A trust established by filer on June 29, 1990, for the benefit of spouse during her lifetime with remainderman interest to filer's children. The trust holds a one-sixth interest in a partnership known as Green Properties. That partnership owns property located at 1300 S. Monroe St., Balto., Md. and 2330 N. Warwick Ave., Balto., Md. (through a partnership known as Warwick Associates). Both properties are leased to B. Green & Co., Inc. In addition the trust purchased life insurance in March, 1991. The Assets and Liabilities of the trust and partnerships are listed on the attached sheets.

7 Evaluation based on an informal option given on 8/17/95 to B. Green & Co., Inc. to purchase trust interest in Green Properties Partnership.

8 Purchases made automatically through dividend and/or distribution reinvestment program with company.

9 Fund matures and reinvests weekly; terminated 10/5/95.

10 Evaluation based on book value of property.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

NOTE 3

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN VENTURE BG PARTNERSHIP

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	3601 Washington Blvd.;Balto., Md									X				X												X			

FOR LIABILITIES INCLUDED IN VENTURE BG PARTNERSHIP
NOTE 3

SCHEDULE V — LIABILITIES

Name BENJAMIN L. CARDIN

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Mellon Mortgage Co. (transferee from Merrill, Lynch and Provident Nat. Indemnity); Pgh.,Pa.	Mortgage on 3601 Wash. Blvd.; Balto., Md.							X			

SCHEDULE III — ASSETS AND "UNEARNED" INCOME NOTE 6

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR)

Name BENJAMIN L. CARDIN

Page 17 of 18

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	A one-sixth partnership interest in Green Properties Partnership which assets include:																												
	1. 1300 S. Monroe St.;Balto., Md. NOTE 10								X					X												X			
	2. Warwick Associates Partnership whose assets include 2330 N. Warwick Ave.; Balto., Md. (including equipment) NOTE 10						X							X										X					

FOR LIABILITIES INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR)

SCHEDULE V — LIABILITIES

NOTE 6

Name BENJAMIN L. CARDIN

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	LIABILITIES INVOLVING GREEN PROPERTIES PARTNERSHIP											
	1. Provident Bank of Maryland	Mortgage on 1300 S. Monroe St.; Balto., Md.							X			
	2. Bank of Baltimore; Towson, Md.	Mortgage on 2330 N. Warwick Ave.;Balto.,Md.						X				

LEGISLATIVE RESOURCE CENTER
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(26)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

HAND DELIVERED

MC (Office Use Only)

Michael N. Castle
(Full Name)

2001 Kentmere Place
(Mailing Address)

Wilmington, DE 19806

Daytime Telephone (302) 428-1902

Filer Status	[X] Member of the U.S. House of Representatives	State: Delaware District: Single District	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C app 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Michael N. Castle

DATE (Month/Day/Year) May 15, 1996

Name	Michael N. Castle	Page 2 of 26

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Not Applicable		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 26
Michael N. Castle	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Not Applicable			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael N. Castle

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	REAL ESTATE																												
	14 George St. Dewey Beach, DE House						X																						
	Gross rental income													X									X						
	Net rental income													X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

Page 5 of 26

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Lakeshore Quadrille and Lakeshore																											
	Class I and II, Hypoflux, FL																											
	.625% interest (Partnership Income)		X																									
	Gross Income														X						X							
	Net Income														X			X										
	Mortgage Service Corp. owning land																											S
	and office bldg. @ 500 W. 10th St.,																											
	Wilmington, DE - 33% interest						X																					
	Gross rental income													X									X					
	Net rental income													X					X									
	Ninth Street Partnership, owning																											
	offices @ 300-322 W. 9th Street,																											
	Wilmington, DE 26.67% interest (Part-					X																						
	ship income) Gross rental income													X									X					
	Net rental income													X							X							

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SCHEDULE III ASSETS AND UNEARNED INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

Page 6 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transactio P, S, E
	Carlyle Real Estate LP X5			X															X										
	Partnership Income													X		X													
	MUTUAL FUNDS																												
	Brandywine Fund				X								X			X							X						P
	Vanguard Money Market Reserves			X									X								X								P,S
	Prime Portfolio																												
SP	Vanguard Money Market Reserves		X										X							X									P,S
	Prime Portfolio																												
	Vanguard Trustees International		X										X			X				X									S
	Portfolio																												
	Vanguard Horizon Global Equity		X										X							X									P
	JMS Money Market (Acct 1) *1				X								X									X							P,S
	JMS Money Market (Acct 2) *2		X										X						X										P
	The Oakmark International Fund			X									X								X								

This page may be copied if more space is required.

*1 Shown as JMS Primary Fund in 1994. This is a successor name. *2 Account did not exist in 1994.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	STOCKS HELD AT 12/31/95																												
	Affiliated Cmptr Tr Svcs A		X										X						X										
	Alpharma Inc. CL A		X										X						X										
	Analysts Intrnl Corp.		X										X							X									P
	Apple South Inc.		X										X						X										
	Applied Microsys Corp		X										X						X										P
	Authentic Fitness Corp.		X										X						X										P
	Benson Eyecare Corp.		X										X						X										P
	Cabletron Sys Inc.			X									X						X										P
	Checkpoint Systems Inc.			X									X						X										
	Credence Systems Corp			X									X						X										P
	Gateway 2000 Inc		X										X						X										P
	General Nutrition Cos Inc.			X									X						X										P
	Gilat Satellite Ord F		X										X						X										P
	Harman Int'l Inds Inc. NEW		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Health Mgmt Sys Inc		X										X						X										
	Tommy Hilfiger Corp F VI			X									X						X										
	Home Hlth Corp Amer Inc.		X										X						X										P
	Insignia Solution P/c F		X										X						X										P
	Sponsored ADR												X																
	Lone Star Steakhouse and Saloon Inc			X									X						X										P
	Metrologn Instruments		X										X						X										
	Netmanage Inc.			X									X						X										P
	Ornda Healthcorp			X									X						X										P
	Penwest Ltd.		X										X						X										P
	Prime Hospitality Corp.		X										X						X										
	ProgressSoftware Corp			X									X						X										P
	Reading and Bates Corp NEW			X									X						X										P
	Recoton Corp		X										X						X										P
	Regal Cinemas Inc.		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Rehabcare Group Inc		X										X						X										P
	Right Mgmt Consultant Inc		X										X						X										
	Rock Bottom Restaurants		X										X						X										
	Senmina Holdings Inc.		X										X						X										P
	Scientific Games Hldg			X									X						X										
	Tetra Tech Inc DEL		X										X						X										P
	United Video Satellite Group			X									X						X										
	Inc CLA																												
	Vans Inc		X										X						X										
	Wolverine World Wide Inc			X									X						X										
	Stocks Sold in 1995																												
	Watson Pharmaceuticals			X									X			X						X							S
	Scientific Games		X										X			X						X							S
	Echlin Incorporated			X									X			X					X								S P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Caci International		X										X			X				X									S
	ALC Communications			X									X			X					X								S
	Hollywood Entertainment			X									X			X							X						S
	Harman Intl Inds Inc NEW		X										X			X						X							S
	Sanmina Corp		X										X			X					X								S,P
	Health Management Systems		X										X			X							X						S
	Scott Paper Company			X									X			X							X						S
	Hollywood Entertainment		X										X			X						X							S,P
	Softkey International Inc.		X										X			X					X								S,P
	Softkey International Inc.		X										X			X					X								S,P
	Natural Alternatives International		X										X			X						X							S
	Titan Wheel Int'l Inc		X										X			X				X									S,P
	Caci Internatinoal		X										X			X				X									S
	Read Rite Corp			X									X			X							X						S,P
	Hollywood Entertainment		X										X			X							X						S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	MUNICIPAL BONDS																											
	Delaware Gen.Oblig. Due 5-1-02 ZeroCp		X												X			X										
	Delaware Gen.Oblig.Due 5-1-03 ZeroCp			X											X			X										
	Delaware Gen.Oblig.Due 5-1-04 ZeroCp		X												X			X										
	Delaware Gen.Oblig.Due 5-1-05 ZeroCp		X												X			X										
	Delaware EDA Hosp Rev-Riverside		X												X			X										
	Puerto Rico Electric Pwr Due 7-1-01 Zero Cp.		X												X			X										
	Puerto Rico Electric Pwr Due 7-1-99 Zero Cp.			X											X			X										
	Puerto Rico Electric Pwr Due 7-1-00 Zero Cp.			X											X			X										
	RETIREMENT FUNDS																											
	John Hancock Annuity			X											X			X										
	Dreyfus Core Value Fund (Successor to Boston Co. Cap. Appreciation Fund)				X								X			X			X									
	Windsor Fund			X									X			X		X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	D.L. Babson Money Market Fund		X										X		X					X									P
	Babson - Stewart Ivory Inter Fund Inc.			X									X																P
	Merrill Lynch Ready Asset Trust			X											X														P
	Merrill Lynch Balance Fund CID (IRA)				X								X			X					X								
	Merrill Lynch Retirement Reserve (IRA)			X									X								X								
	Bank of America Bank (formerly Continental) CD IRA			X											X							X							
	Bankers Trust Zero Coupon CD (IRA)			X											X				X										
	Transamerica 8.5% Cum Pfd Class D IRA		X										X							X									
	BCE Inc			X									X						X										P
	Intel Corp			X									X						X										P
	North American Security Life - Fidelity Equity				X								X		X	X			X										P,S
	North American Security Life - Oechsle Global Equity				X								X						X										P,S
SP	Dean Witter Pacific Growth FD		X																X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Dean Witter European Growth		X																X										P
SP	Dean Witter American Value		X																X										P
SP	Dean Witter Dividend Growth (IRA)												X			X													S
	Wellington Money Market					X							X		X					X									P,S
	Salomon - U.S. Government				X								X		X					X									P,S
SP	Fidelity Magellan Fund		X										X						X										
SP	Growth and Income Fund		X										X							X									
SP	TRP Stable Value FD Sch. A		X										X			X				X									
	OTHER ASSETS																												
	U. S. Savings Bond, Series EE		X												X				X										
	Wilmington Trust Co. Cash Accounts		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Trust U/A 8/25/41 M/B James M. Castle (TR #1) - 8.33% interest																												
	Allocable Share of Trust Income Per K-1												X		X					X									
	Assets with a value exceeding $1,000																												
	Bristol Myers Squibb Co. - stock		X																										
	Cigna Corp - stock		X																										
	Chevron Corp - stock			X																									S
	Equity Fund - Mutual Fund			X																									P
	Fixed Income Fund - Mutual Fund			X																									P
	Trust U/A 1/21/53 M/B James M. Castle (TR #3) - 8.33 % interest																												
	Allocable shares of trust income Per K-1												X		X							X							
	Assets with a Value exceeding $1000																												
	Amer. Home Products - stock		X																										
	Atlantic Richfield Co. - stock		X																										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Bristol Myers Squibb Co. stock		X																									
	DuPont E. I. DeNemours & Co. stock		X																									
	Eastman Kodak Co. - stock	X																										
	Ford Motor Co. Del - stock	X																										
	GTE Corp. stock		X																									
	General Electric Co. - stock		X																									
	Heinz HJ Co. - stock		X																									
	Hercules, Inc. - stock		X																									S
	Ipalco Enterprises, Inc. stock		X																									S
	Motorola Inc., stock	X																										
	Mobile Corp. stock		X																									S
	J. C. Penney, Inc.	X																										P
	Sonat, Inc. stock		X																									
	Southwestern Bell Corp. stock		X																									
	U. S. West, Inc. Stock		X																									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Delaware Trust Fixed Income Fund		X																										
	- Mutual Fund																												
	Irrevocable Trust DTD 8-27-68 M/B																												
	J. M. Castle, FBO M. N. Castle																												
	Allocable Shares of Trust Income Per K-1												X		X						X								
	Assets w/value exceeding $1000																												
	Cash	X																											
	Delaware Trust Equity Fund -				X																								
	- Mutual Fund																												
	Delaware Trust Municipal Bond Fund			X																									
	- Mutual Fund																												
	Trust U/A 1-4-46 M/B James M. Castle																												
	(TR #2) - 8.33% interest *																												
	Allocable Shares of Trust Income Per K-1												X		X						X								

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*Interest of Michael N. Castle became effective in 1995 due to death of an uncle who was previously sole beneficiary.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael N. Castle

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Assets w/value exceeding $1000																												
	Abbott Labs Com		X																										
	Delaware Trust Fixed Income Fund																												
	- Mutual Fund		X																										
	Delaware Trust Co. Money Market		X																										

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SCHEDULE IV — TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	See Attached Schedule														

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Michael N. Castle
Attachment to Form A - 1995
Schedule IV - Transactions

Asset	Type of Transaction	Date	Category of Transaction
PURCHASES			
Gilat Satellite Ord	Purchase	05/15/95	B
American Pwr Conversion	Purchase	06/19/95	B
American Sensors, Inc.	Purchase	01/27/95	B
Analysts Intl Corp.	Purchase	08/30/95	B
Applied Microsys Corp.	Purchase	11/29/95	B
Authentic Fitness Corp.	Purchase	12/08/95	B
Benson Eyecare Corp.	Purchase	04/28/95	B
Cabletron Sys Inc.	Purchase	11/16/95	C
Checkpoint Systems Inc.	Purchase	03/30/95	B
Credence Systems Corp.	Purchase	03/09/95	B
DF&R Restaurants Inc.	Purchase	05/26/95	B
EMC Corp	Purchase	06/21/95	C
Echlin Incorporated	Purchase	02/28/9	B
Gateway 2000 Inc.	Purchase	09/05/95	C
General Nutrition Cos	Purchase	06/09/95	B
Home Health Corp. Amer Inc.	Purchase	11/08/95	B
Insignia Solutions PLC	Purchase	11/14/95	B
Lone Star Steakhouse	Purchase	05/03/95	C
Netmanage, Inc.	Purchase	09/08/95	C
OPTI Inc.	Purchase	06/13/95	B
Ornda Healthcorp	Purchase	01/18/95	B
Penwest Ltd.	Purchase	11/01/95	B
Progress Software Corp.	Purchase	12/19/95	C
Read Rite Corp	Purchase	02/27/95	B
Reading & Bates Corp New	Purchase	08/11/95	B
Recoton Corp.	Purchase	09/06/95	B
Rehabcare Group Inc.	Purchase	11/29/95	B
Sanmina Holdings Inc.	Purchase	02/09/95	B
Softkey International Inc.	Purchase	02/07/95	B
Tetra Technologies Inc.	Purchase	06/05/95	B
Titan Wheel Intl Inc.	Purchase	03/24/95	B
Wolverine World Wide Inc.	Purchase	04/24/95	B
Vanguard Horizon Global Equity	Purchase	11/15/95	B
Brandywine Fund, Inc.	Purchase	10/26/95	B
Merrill Lynch Ready Assets Trust	Purchase	12/7/95	C
BCE Inc Com	Purchase	11/2/95	C

Michael N. Castle
Attachment to Form A - 1995
Schedule IV - Transactions
(Continued)

Asset	Type of Transaction	Date	Category of Transaction
PURCHASES			
Intel Corp	Purchase	11/02/95	B
Intel Corp.	Purchase	11/21/95	B
Intel Corp.	Purchase	12/22/95	B
CD National City Bank Louisville, Kentucky	Purchase	1/10/95	B
Trust - Fixed Income Fund	Purchase	07/03/95	B
Trust - Fixed Income Fund	Purchase	06/30/95	B
Trust - Equity Fund	Purchase	07/03/95	B
SP- Dean Witter Pacific Growth Fund	Purchase	04/07/95	B
SP - Dean Witter European Growth	Purchase	04/07/95	B
SP - Dean Witter American Value	Purchase	04/07/95	B
Transactions under North American Security Life Venture Vision Annuity:			
Wellington Money Market	Purchase	01/16/95	E
Oechsle - Global Equity	Purchase	06/22/95	E
Wellington Money Market	Purchase	07/19/95	E
Salomon U.S. Government	Purchase	08/16/95	D
Oechsle - Global Equity	Purchase	10/13/95	D
Fidelity Equity	Purchase	10/13/95	D
SALES:			
ALC Communications New	Sale	06/09/95	C
American Pwr Conversion	Sale	10/27/95	B
American Sensors Inc.	Sale	04/20/95	B
Arctco Inc.	Sale	05/02/95	B
CACI Intl Inc. Class A	Sale	06/01/95	B
CACI Intl Inc. Class A	Sale	11/15/95	B
Commercial Fedl Corp	Sale	01/16/95	B
Cyrk Inc.	Sale	01/17/95	B
DSP Group Inc.	Sale	11/10/95	B
EMC Corp	Sale	09/12/95	B
Echlin Incorporated	Sale	05/12/95	C
General Instrument Corp.	Sale	09/11/95	B
Harman Intl Inds Inc New	Sale	06/21/95	B
Health Mgmt Sys Inc	Sale	07/11/95	B

Michael N. Castle
Attachment to Form A - 1995
Schedule IV - Transactions
(Continued)

Asset	Type of Transaction	Date	Category of Transaction
SALES:			
Hollywood Entmt Corp.	Sale	06/19/95	C
Hollywood Entmt Corp	Sale	09/29/95	B
Hollywood Entmt Corp.	Sale	11/29/95	B
Natural Alternatives Int	Sale	11/08/95	B
Opti Inc.	Sale	09/18/95	B
Read Rite Corp.	Sale	11/27/95	C
Sanmina Holdings Inc.	Sale	07/10/95	B
Scientific Games Hldg.	Sale	02/14/95	B
Scott Paper Co.	Sale	08/11/95	C
Shelter Components Corp.	Sale	02/07/95	B
Softkey International Inc.	Sale	10/30/95	B
Softkey International Inc.	Sale	11/07/95	B
Sun Healthcare Group Inc.	Sale	07/27/95	B
Titan Wheel Intl Inc.	Sale	11/09/95	B
Uno Restaurant Corp	Sale	11/21/95	B
Watson Pharmaceuticals	Sale	01/16/95	C
Xpedite Systems Inc.	Sale	07/07/95	B
Vanguard Trustees International Portfolio	Sale	11/15/95	B
SP - Dean Witter Dividend Growth	Sale	04/07/95	B
Trust - Mobil Corp.	Sale	06/28/95	B
Trust - Hercules, Inc.	Sale	06/28/95	B
Trust - Ipalco Enterprises	Sale	06/28/95	B
Trust - Ipalco Enterprises	Sale	07/06/95	B
Trust - Chevron Corp	Sale	06/28/95	B
1/3 Interest in 500 West 10th St. Wilmington, DE (owned as 1/3 interest in Mortgage Service Corporation)	Sale	06/30/95	D
Transactions under North American Security Life Venture Vision Annuity:			
Fidelity Equity	Sale	01/16/95	D
Oechsle Global Equity	Sale	01/16/95	D
Wellington Money Market	Sale	06/22/95	E
Oechsle Global Equity	Sale	07/19/95	E
Wellington Money Market	Sale	08/16/95	D
Wellington Money Market	Sale	10/13/95	D
Salomon U. S. Government	Sale	10/13/95	D

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Ninth Street Partnership	26.67% of Mortgage on 300-322 West 9th St., Wilm.DE				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Not Applicable		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
See Attached Schedule							

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Michael N. Castle
Attachment to Form A - 1995
Schedule VII

TRIP TO MIAMI, FLORIDA

Saturday, March 25 Philadelphia to Miami
Sunday, March 26 Miami to Philadelphia

Funding source: Aspen Institute, 1333 New Hampshire Avenue, N.W., Suite 1070, Washington, D.C. 20036

Trip was made without spouse. Purpose of the trip was to attend the Aspen Institute Domestic Strategy Group meeting Saturday and Sunday, March 25 and 26. Aspen Institute paid for travel, room and meals.

TRIP TO ST. CROIX, US VIRGIN ISLANDS

Monday, April 17 Washington, D.C. to Miami to St. Croix
Saturday, April 22 St. Croix to San Juan to Philadelphia

Funding source: Aspen Institute, 1333 New Hampshire Avenue, N.W., Suite 1070, Washington, D.C. 20036

Trip was made with spouse. Purpose of the trip was to attend the Aspen Institute Congressional Conference on "The United Nations Peacekeeping and Lessons for American Policy" Monday, April 27 through Friday, April 21. Aspen Institute paid for travel, room and meals.

TRIP TO ASPEN, COLORADO

Sunday, August 20 Philadelphia to Denver
Drove rental car from Denver to Aspen
Sunday, August 27 Drove rental car from Aspen to Denver
Denver to Philadelphia

Funding source: Aspen Institute, 1333 New Hampshire Avenue, N.W., Suite 1070, Washington, D.C. 20036.

Spouse attended at personal expense. Purpose of the trip was to attend the Aspen Institute Domestic Strategy Group Conference Sunday, August 20 through Wednesday, August 23. Aspen Institute paid for travel, room and meals.

Name	Michael N. Castle	Page 26 of 26

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Not Applicable	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Not Applicable	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

HAND DELIVERED (11)
RECEIVED
96 MAY 15 PM 1:36
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)

STEVEN J. CHABOT
(Full Name)

3014 HARRISON AVE.
(Mailing Address)

(513) 662-8000
Daytime Telephone

CINCINNATI, OHIO 45211

Filer Status	[X] Member of the U.S. House of Representatives — State: OHIO District: FIRST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Steven J. Chabot

DATE (Month/Day/Year) 4/30/96

Name STEVEN J CHABOT | Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PRIVATE LAW PRACTICE (CLOSED PRACTICE 12/31/94, FEES LISTED ARE FOR LEGAL WORK PRIOR TO 12/31/94)		41,403.83

For payments to charity in lieu of honoraria, use Schedule II.

Name STEVEN J CHABOT | Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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Name STEVEN J CHABOT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	DREYFUS WORLDWIDE MM	X											X						X										
	EVERGREEN MUTUAL FUND	X											X							X									
	INVESCO MUTUAL FUND	X											X							X									
	CGM MUTUAL FUND	X											X							X									
	FIDELITY ENV. SERVICE FUND	X											X						X										
	GRADISON MONEY MARKET		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	FOUNDERS BLUE CHIP FUND		X										X			X				X									
	IVY INTERNATIONAL FUND		X										X			X			X										
	GIT MUTUAL FUND		X										X			X				X									
	NEUBERGER + BERMAN GUARDIAN FUND		X										X			X				X									
	JANUS MUTUAL FUND		X										X			X				X									
	SAFECO INCOME MUTUAL FUND		X										X							X									
	SALOMON BROS OPPORTUNITY FUND		X										X			X				X									
	SCUDDER SHORT TERM BOND FUND		X										X							X									
	SCUDDER INTERNATIONAL FUND		X										X			X			X										
	SELECTED AMERICAN SHARES FUND		X										X			X				X									
	STEINROE SPECIAL MUTUAL FUND		X										X			X				X									
	T. ROWE PRICE MUTUAL FUND		X										X			X				X									
	US INCOME MUTUAL FUND		X										X			X				X									
	VANGUARD WELLINGTON FUND		X										X			X				X									
	20th CENTURY MUTUAL FUND		X										X			X					X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	LEGG MASON MUTUAL FUND		X										X			X			X										
	IAI MUTUAL FUND		X										X			X				X									
	AMERICAN HERITAGE FUND		X																X										
	LOOMIS SAYLES BOND FUND		X										X			X				X									
	MONTGOMERY EMERGING FUND		X																X										
	NICHOLAS II MUTUAL FUND		X										X			X					X								
	PENNSYLVANIA FUND		X										X			X					X								
	WARBURG PINCUS INT. FUND		X										X						X										
	CHARLES SCHWAB + CO.		X										X							X									
	BERGER 100 MUTUAL FUND IRA		X										X							X									
	GATEWAY INDEX PLUS FUND IRA		X										X							X									
	KAUFMAN MUTUAL FUND IRA		X										X							X									
	COLUMBIA SPECIAL FUND IRA		X										X							X									
	OHIO PUBLIC EMPLOYEES DEFERRED COMP				X								X								X								
	OHIO PERS			X									X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	APPLEBEE'S COMMON STOCK		X										X						X										
	CINTAS " "		X										X						X										
	COCA COLA " "		X										X						X										
	CRACKER BARREL " "		X										X						X										
	INTERSTATE BAKERIES " "		X										X						X										
	PEPSICO " "		X										X						X										
	VIACOM " "		X										X						X										
	DISNEY " "		X										X						X										
	WENDY'S " "		X										X						X										
	SARA LEE " "		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name STEVEN J CHABOT | Page 8 of 11

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NONE														

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

This page may be copied if more space is required.

Name STEVEN J CHABOT

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SOLE PRACTITIONER (RETIRED)	STEVEN J CHABOT ATTORNEY AT LAW (CLOSED LAW PRACTICE 12/31/94, RECEIVED FEES FROM CASES HANDLED BEFORE 12/31/94)
COUNTY COMMISSIONER	HAMILTON COUNTY, OHIO (RESIGNED 1/3/95)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
DEC 85-94 PAID INTO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM	UPON RETIREMENT
MAY 90-DEC PAID INTO '94	OHIO PUBLIC EMPLOYEES DEFERRED COMP PLAN	AT AGE 55
	Pursuant to the agreement described in the	financial disclosure statement filed in May
	of 1995, I am to receive compensation for	legal work done prior to December 31, 1994.

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Saxby Chambliss
(Full Name)

1708 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/ 225-6531

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 08	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Saxby Chambliss

DATE (Month/Day/Year): 5-15-96

Name Saxby Chambliss	Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Moore, Chambliss & Tyndall	1994 Law Firm Earnings (pd. in 1995)	80,000
	Colquitt County Board of Education	Spouse Salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name Saxby Chambliss | Page ____ of ____

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Moultrie National Bank	$1,001 - $15,000	Dividends	$201 - $1,000	
Kendallwood Crossing (Real Estate development)	$1,001 - $15,000	Capital Gains	$201 - $1,000	
APEECC Corp. Stock (owner of Moultrie Inn)	$1,001 - $15,000	None	$1 - $200	
note receivable (sale of law office)	$15,001 - $50,000	Interest	$2,501 - $5,000	NA
note receivable (sale of partnership interest)	$50,001 - $100,000	Capital Gains	$2,501 - $5,000	NA
				NA
				NA

Name Saxby Chambliss	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	American Banking Co., GA	unsecured consumer loan	$15,001 - $50,000
	Southwest GA Bank (formerly -- Moultrie National Bank, GA)	unsecured consumer loan	$15,001 - $50,000

Name Saxby Chambliss | Page ____ of ____

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Gilman Foundation	March 17, 18, 19, 1995	Wash. DC -- St. Mary's GA -- Atlanta, GA	Y	Y	N	none
Southern Crop Protection Association	Oct. 26, 27, 1995	Wash. DC -- Jacksonville, FL (one way)	Y	Y	N	none
Philip Morris Inc.	Jun. 11, 12, 1995	Albany, GA -- Charlotte, NC -- Wash. DC	Y	Y	Y	none
United Parcel Service	Jan. 16, 1995	Albany, GA -- Atlanta, GA -- Wash., DC	N	Y	N	none
Chicago Mercantile Exchange	August 20, 21, 1995	Albany, GA-- Chicago, IL -- Albany, GA	Y	Y	N	none

Name Saxby Chambliss	Page ____ of ___

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	APEECC Corporation

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A page 1 of 10

For use by Members, officers, and employees

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Jim Chapman
(Full Name)

2417 Rayburn House Office Building
(Mailing Address)

Washington DC 20515-4301
Daytime Telephone (202) 225-3035

Filer Status	☒ Member of the U.S. House of Representatives — State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) May 15, 1996

530

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute	Speech	Feb 8, 1995	2000.00
	The Pipeline Group	Speech	May 9, 1995	500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jim Chapman Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Mobil Oil Corporation		X										Royalty																
	Exxon Corporation		X										Royalty																
	Sun Oil Corporation	X											Royalty																
	Freeport McMoRan	X											Royalty																
	Callon Consolidated Partners LP	X											X																
	Sunshine Mining (stock)	X																	X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Chapman

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Office Building, Church Street, Sulphur Springs TX			X										X								X							
	House, Church Street, Sulphur Springs, TX					X								X									X						S
	Office Building, College Street, Sulphur Springs, TX			X										X									X						
	Office Building, Jefferson Street, Sulphur Springs, TX			X										X							X								
	Note Receivable – Collins		X												X	X				X									
	Note Receivable – Roland		X												X	X				X									
	Conc Texas (stock)	X																X											
	Texaco (stock)		X										X							X									
	Texaco Energy (stock)	X																X											
	Consolidated Capital (partnership)	X																X											S
S	Teacher Retirement System of Texas		X										employee spouse – retirement none					X											
	Congressional Federal Credit Union	X													X			X											
	Smith Barney					X							X		X								X						
	Note Receivable – Jim Chapman for Senate					X									X			X											P
	House, Center Street, Sulphur Springs, TX	X																X											P, S, E

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Chapman

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Merrill Lynch Mutual Funds				X										X							X							
	Putnam Mutual Funds					X									X	X			X										
	House, West Oak Circle, Sulphur Springs, Texas			X															X										
	Unimproved Real Estate, Hopkins Co. Texas			X										X					X										
	House, Melean, Virginia				X									X					X										S
	US Homes (note)		X												X				X										
	Wetterau Finance Co. (note)		X												X				X										S
	Various oil royalties		X											Royalty						X									
	Prudential Bache Partnership		X											X	X	X			X										S
	Various Common Stocks	X											X						X										S
	Aim Equity Funds Inc.			X											X	X					X								P
	MFS Emerging Growth fund			X											X	X					X								P
	Putnam New Opportunities			X											X	X					X								P
	Prudential Securities				X											X					X								E

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SCHEDULE IV — TRANSACTIONS

Name Jim Chapman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	House, Church Street, Sulphur Springs, Texas		X		9-18-95				X						
	Note Receivable - Jim Chapman for Senate	X			12-29-95				X						
	House, Corter Street, Sulphur Springs, Texas	X		X	9-18-95			X							
	House, Corter Street, Sulphur Springs, Texas		X		11-29-95			X							
	Trust: Family Trust Dissolved (Principle Disbursed)				1-1-95										
	House, McLean, Virginia		X		3-13-95				X						
	Westerman Finance Co. (note)		X		2-13-95	X									
	Prudential Bache Partnership		X		1-11-95	X									
	Various Common Stocks		X		various	X									
	Aim Equity Funds Inc.	X			6-13-95		X								
	MFS Emerging Growth Fund	X			10-22-95		X								
	Putnam New Opportunities	X			9-27-95		X								
	Prudential Securities (moved to Smith Barney)			X	1-1-95			X							

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First American Bank, Sulphur Spring, Texas	Mortgage on building, Sulphur Spring TX	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Road + Transportation Builders Assn	Mar 31 - Ap 2	Washington DC - San Antonio - Washington DC	Y	Y	Y - spouse	N
	Sprint	Ap 8 - 12	Washington DC - Vail — Dallas/Ft Worth (filer) / (spouse) Washington DC	Y	Y	Y - spouse	N

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Name Jim Chapman | Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Texas State Society of Washington, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 3:38
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U.S. HOUSE OF REPRESENTATIVES

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MC (Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Helen P. Chenoweth
(Full Name)

1719 Longworth HOB — 202-225-6611
(Mailing Address) — Daytime Telephone

Washington DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Idaho District: 1	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Helen Chenoweth, M.C.

DATE (Month/Day/Year): 5-15-96

Name Helen P. Chenoweth	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	~~U.S. House of Representatives~~	~~Salary~~	~~$133,894.~~

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Helen P. Chenoweth

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Consulting Assoc.Inc. - Common Stock			X									X						X										
	Land, Rt #1, Orofino, Idaho					X								X					X										
	Note Rec. - Chenoweth for Congress					X									X				X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Helen P. Chenoweth

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	None														

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Name Helen P. Chenoweth | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	WestOne Bank, Boise, Idaho	Note - Guarantor		X								
	Virginia Dinnison, Orofino, Idaho	Mtg. on Land, Rt. #1, Orofino, ~~ID.~~	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Western Forest Industries	March 3-4	DC-Phoenix, AZ-ID	Y	Y	N	N
	Broadway Ave. Baptist Church	May 5-8	DC-Boise,ID-DC	N	Y	N	Y
	Rocky Mountain Rally For God	June 3-4	Boise,ID-Salt Lake City,UT -DC	Y	Y	N	N
	Wise Use Association	July 22-23	Boise, ID-Reno, NV-DC	Y	Y	N	N
	Stewards of the Range	Aug 29-30	Coeur d'Alene, ID-Austin, TX-Boise,ID	Y	Y	N	N
	Agri-Women	Nov 11-12	DC-McAllen, TX-DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary - Treasurer	Consulting Associates, Inc. (dissolved)
AddHoc Member (unpaid)	Idaho Family Forum (resigned, effective January 18, 1996)
Board of Director (unpaid)	Center for the Study of Market Alternatives

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

HELEN CHENOWETH
1ST DISTRICT, IDAHO
AGRICULTURE COMMITTEE
RESOURCES COMMITTEE

1722 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6611
E-mail Address:
ASKHELEN@hr.house.gov

DISTRICT OFFICES:
304 N. 8TH ST., ROOM 454
BOISE, ID 83702
(208) 336-9831

621 MAIN, SUITE G
LEWISTON, ID 83501
(208) 746-4613

116 N. 2ND ST., SUITE 2
COEUR D'ALENE, ID 83814
(208) 667-0127

Congress of the United States
House of Representatives
Washington, DC 20515–1201

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June 13, 1996

(2)

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LEGISLATIVE RESOURCE CENTER

Clerk of the House
1036 Longworth House Office Building
Washington, DC 20515

RE: Amended Schedule III - 1995 Report

MC

Dear Sir(s),

Attached is an amended Schedule III for my Financial Disclosure Statement for Calendar Year 1995. Schedule III lists my Assets and "Unearned" Income for the calendar year 1995.

Due to a change in the form between Calendar Year 1994 and Calendar Year 1995, a clerical error was made by my accountant who completed the form. Two columns which were on the 1994 form were combined into one on the 1995 form. The amounts of my assets and "unearned" income did not change between the two years.

I request this amended report replace the original Schedule III which was filed in May of this year.

If you have any questions regarding this matter, please contact myself or my Chief of Staff, Keith Rupp at 225-6611.

Sincerely,

Helen Chenoweth, M.C.

Helen Chenoweth
Member of Congress

HPC/dal

Name Helen P. Chenoweth

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	DC 123 Main St., Dover, Del.							X						X											X				
	JT 1st Bank of Paducah, KY accounts					X									X							X							
	Consulting Assoc. Inc-Common Stock		X																										
	Land,Rt#1, Orofino, ID				X																								
	Note-Chenoweth for Congress				X																								

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JON L. CHRISTENSEN
(Full Name)

P. O. BOX 540621, OMAHA, NE 68154
(Mailing Address)

202/225-4155
Daytime Telephone

MC MAY 21 1996 (4)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: NE District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Jon Christensen

DATE (Month/Day/Year) 5/26/96

Name	Page 1 of 1
Jon Christensen	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Connecticut Mutual Life Insurance Company	Commissions	474
	Guardian Life Insurance Company	Commissions	1,486
	United Service Organization	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Jon Christensen	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Association for Advanced Life Underwriters	Speech	March 7, 1995	2,000
	Greater Omaha Prayer Breakfast	Speech	April 14, 1995	1,250

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Jon Christensen

Page 1 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Connecticut Mutual IRA			X									X			X			X										
SP	Connecticut Mutual IRA			X									X			X			X										
SP	CIGNA Annuity Agreement							X					X						X										
	Aquila Group, Inc. - common stock		X										X						X										
SP	Walt Disney, Inc. - common stock		X										X						X										
JT	Walmart, Inc. - common stock	X											X																

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 17 AM 9:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 14 1996
MC (8)
(Office Use Only)

Richard R. Chrysler
(Full Name)

8485 Hilton Road
(Mailing Address)

Brighton, MI 48116

Daytime Telephone: (810) 229-8485

Filer Status	[X] Member of the U.S. House of Representatives — State: MI District: 8th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Richard R Chrysler

DATE (Month/Day/Year) 5-13-96

Name Richard R. Chrysler | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Executive Transportation, Inc.	Compensation	$324.19

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard R. Chrysler

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	AMFAC/JMB Hawaii Fund				X								X										X						S
DC	Chrysler Corp. Stock	X											X						X										
	Comerica Securities	X											X						X										S
	Executive Transportation, Inc.									X			X						X										
DC	Ford Motor Company Stock	X											X						X										
	(Continued on next page)																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard R. Chrysler

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
		A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000	
	(Continued from previous page)				
DC	General Motors Corp. Stock	A X	DIVIDENDS X	I X	
SP	Kate's Company	F X	DIVIDENDS X	I X	
	Land and buildings in Ft. Lauderdale, FL 2698 S.W. 23rd Ave.	H X	RENT X	V X	
	Land and building in Brighton, MI 11800 E. Grand River Ave.	H X	RENT X	I X	
SP	Merrill Lynch - IRA	B X	DIVIDENDS X	I X	
	Merrill Lynch - IRA	C X	DIVIDENDS X	III X	
	Merrill Lynch - CMA	C X	INTEREST X	II X	
	ML Lee Aquisition Fund	E X	DIVIDENDS X	VI X	
JT	Michigan National Bank	A X	INTEREST X	I X	
	Oxford Fund	F X	DIVIDENDS X	VI X	
	SCA Fund Series I	F X	DIVIDENDS X	VI X	
	SCA Fund Series II	F X	DIVIDENDS X	VI X	
	Spartan Motors Stock	A X	DIVIDENDS X	I X	

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SCHEDULE IV — TRANSACTIONS

Name Richard R. Chrysler | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction										
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	**Asset**														
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	AMFAC/JMB Hawaii Fund		X		6-1-95			X							
	Comerica Securities		X		3-3-95				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	First Bank of South Dakota	Credit Account	X									
JT	The Optima Account	Credit Account	X									
JT	The Gold Card	Credit Account	X									
SP	Saks First	Credit Account			X							
JT	Citibank	Credit Account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Richard R. Chrysler | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	8/15/95 8/23/95	Detroit, MI - NY - Israel Israel - NY - Detroit, MI	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Executive Transportation, Inc.
Trustee	Cleary College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1995	Richard Chrysler & Executive Transportation	Limited Compensation under $20,000 per year

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 10 PM 3:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
INSIDE MAIL
mc
(Office Use Only)

William L. Clay
(Full Name)

2306 Rayburn House Office Building (202) 225-2406
(Mailing Address) Daytime Telephone:

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Missouri District First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: W L Clay

DATE (Month/Day/Year): 5-9-96

Name	William L. Clay	Page 1 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Amistad-Warner Communications, Inc. New York, N.Y.	Book Royalties	1,305.00
	The Borgo Press - San Bernardina, Ca.	Book Royalties	75.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	William L. Clay	Page 2 of 13

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

NONE

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: William L. Clay

Page 3 of 13

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Certificate of deposit Congressional Federal Credit Union		X												X						X								
	Certificate of deposit Congressional Federal Credit Union		X												X					X									
	Certificate of deposit Pulaski Savings		X												X					X									
	Congressional Federal Credit Union Savings Account			X											X					X									P
	Congressional Federal Credit Union Savings Account			X											X						X								P
	Congressional Federal Credit Union Certificate of Deposit		X												X					X									P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. Clay

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Certificate of Deposit Congressional Federal Credit Union	X													X				X										P
	Certificate of Deposit Congressional Federal Credit Union	X													X				X										P
	Certificate of Deposit Congressional Federal Credit Union	X													X				X										P
	Certificate of Deposit Sandy Spring National Bank			X											X					X									P
	Certificate of Deposit Sandy Spring National Bank			X											X					X									P
	Centenial Money Market			X											X					X									P
	A.G. Edwards & Sons		X										X							X									
	A.G. Edwards & Sons		X										X						X										P
	American Express		X										X						X										
	Anheuser Busch			X									X							X									
	AT & T		X										X						X										
	Browning-Ferris Industries		X										X						X										P
	Cracker Barrel Old Country Store		X										X						X										
	Cracker Barrel Old Country Store		X										X						X										
	Dial Corp DE		X										X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. Clay

Page 5 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Edison Brothers	X											X						X										E
	Dave and Buster, Inc.	X											X						X										P
	Greiner Engineer, Inc.		X										X						X										
	I. C. Whitman Corp.		X										X						X										
	Institu Form Mid-America		X										X						X										
	Institu Form Mid-America		X										X						X										
	Johnson & Johnson		X										X						X										
	Johnson & Johnson	X											X						X										
	Jones Medical Ind.		X										X						X										
	Jones Medical Ind.		X										X						X										
	Laclede Gas		X										X						X										
	Laclede Gas		X										X						X										
	Lehman Brothers Holdings	X											X						X										
	Rally's Hanburger	X											X						X										
	Schwartz Brothers	X											X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: William L. Clay

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction P, S, E
		A None – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H $1,000,001 – $5,000,000; I $5,000,001 – $25,000,000; J $25,000,001 – $50,000,000; K Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX $1,000,001 – $5,000,000; X Over $5,000,000	
	SCS Inc.	B	DIVIDENDS	I	P
	Southwestern Bell	B	DIVIDENDS	II	
	Southwestern Bell	B	DIVIDENDS	II	
	Southwestern Bell	B	DIVIDENDS	I	
	Southwestern Bell	B	DIVIDENDS	I	
	Union Electric	B	DIVIDENDS	I	
	Union Electric	B	DIVIDENDS	I	
	UNUM	B	DIVIDENDS	II	
	XEROX	B	DIVIDENDS	I	
	Board of Education	B	INTEREST	II	
	Insured Municipal Income Trust	B	INTEREST	II	
	Insured Municipal Income Trust	B	INTEREST	II	
	Insured Municipal Income Trust	B	INTEREST	II	
	Kansas City Missouri Schools	B	INTEREST	I	
	Mississippi State Highway	B	INTEREST	II	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. Clay

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Missouri Econ Development St. Louis Police Board			X											X				X										
	Missouri State Env. Imp. (PCR)		X												X					X									
	Missouri State Health Barnes Jewish			X											X				X										
	Missouri State Health Barnes Jewish		X												X				X										
	Missouri State Health (Rev.Heartland		X												X				X										
	Missouri State Health (Jewish)			X											X						X								
	Missouri State Housing Dev. (GNMA Single)		X												X				X										
	Missouri Third State Bldg.		X												X					X									
	Missouri State Health (Bethesda Eye Inst.)		X												X				X										
	Missouri State Health Children's Hospital		X												X				X										
	New York State Mortgage		X												X				X										
	New York State Dormitary Auth.		X												X				X										
	St. Louis County General Obligation			X											X						X								
	St. Louis Airport (Lambert)		X												X				X										
	St. Louis Municipal Finance Corp.		X												X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. CLay

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Southeast Missori Correct Facility		X												X					X									
	Puerto Rico Highway & Transit Auth.		X												X					X									P

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SCHEDULE IV — TRANSACTIONS

Name William L. Clay

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Certificate of Deposit Congressional Federal Credit Union	X			2/7/95	X									
	Certificate of Deposit Congressional Federal Credit Union	X			2/8/95	X									
	Certificate of Deposit Congressional Federal Credit Union	X			2/8/95	X									
	Certificate of Deposit Congressional Federal Credit Union		X		8/16/95		X								
	Certificate of Deposit Congressional Federal Credit Union	X			2/16/95	X									
	Certificate of Deposit Sandy Spring National Bank	X			2/25/95		X								
	Certificate of Deposit Sandy Spring National Bank	X			2/25/95		X								
	Stock - A.G. Edwards & Sons	X			3/17/95	X									
	Centennial Money Market	X			1/20/95	X									
	Dial Corp. DE	X			11/28/95	X									
	Greiner Engineer, Inc.	X			3/17/95	X									
	Greiner Engineer, Inc.		X		3/17/95	X									
	Johnson & Johnson			X	10/2/95										
	Pet Inc.		X		1/20/95		X								
	Syms		X		11/28/95										
	Browning-Ferris, Industries	X			11/28/95	X									

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SCHEDULE IV — TRANSACTIONS

Name: William L. CLay

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Dave and Buster, Inc.	X			11/28/95	X									
	Puerto Rico Highway & Transit Authority	X			3/17/95	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Prudential Home Mortgage	Mortgage on 14917 Claude Ln. Silver Spring, Md. 20905					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
National Coordinating COmmittee Multi-Employers Plan	Feb. 19-21	Wash. D.C.-Bal Harbor Fla.	Y	Y	N	N
Center of Occupational Research	Sept.15-16	Wash. D.C.-St. Louis, Mo.	N	N	N	N
Aspen Institute	Aug. 24-31	Baltimore -Instanbul-Balti.	Y	Y	Y-Wife	N

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Name	William L. Clay	Page 13 of 13

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	W.E. B. Dubois Foundation
Trustee	Congressional Black Caucus
Trustee Emeritus	Tougaloo College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

NONE

GPO: 1986 22-642 (mac)

Use additional sheets if more space is required.

WILLIAM L. CLAY
1ST DISTRICT, MISSOURI

COMMITTEE ON
ECONOMIC AND EDUCATIONAL
OPPORTUNITIES

RANKING DEMOCRATIC MEMBER

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2306 RAYBURN HOUSE OFFICE BUILDING
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HARRIET C. PRITCHETT
ADMINISTRATIVE ASSISTANT

Congress of the United States
House of Representatives
Washington, DC 20515-2501

DISTRICT OFFICES:

5281 DELMAR BOULEVARD
ST. LOUIS, MO 63108
TELEPHONE: (314) 367-1970

649 CENTRAL CITY SHOPPING CENTER NORTH
ST. LOUIS, MO 63138
TELEPHONE: (314) 388-0321

PEARLIE I. EVANS
DISTRICT ASSISTANT

VIRGINIA M. COOK
DISTRICT COORDINATOR

INSIDE MAIL

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 22 PM 3:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 22, 1996

Ms. Robin Carle
Clerk of The House
1036 LHOB
Washington, D.C. 20515

MC

Dear Ms. Carle:

I would like for this letter serve as an amended form of my 1994 and 1995 Financial Disclosures.

1994

SCS, Inc. should have been listed on schedule III. Block B (b) Block C (dividends) Block D (I) Block E (p). I inadvertenly left it off of the report.

1995

There should have been two (2) Pet, Inc. listed on schedule IV for the same transactions.

Thank you,

WL Clay

William L. Clay
Member of Congress
WLC:em

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 17 PM 1:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC MAY 14 1996 (6)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

EVA M. CLAYTON
(Full Name)

59 RIVER ROAD
(Mailing Address)

LITTLETON, NC 27850

Daytime Telephone (202) 225-3101

Filer Status	[x] Member of the U.S. House of Representatives	State: NC Distrct. FIRST	[ ] Officer or Employee — Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Eva M. Clayton

DATE (Month/Day/Year): JUNE 13, 1996

Name	EVA M. CLAYTON	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	THEAOSEUS T. CLAYTON, P.A.	SPOUSE-SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	EVA M CLAYTON	Page 3 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Hamline University, Saint Paul, Minnesota	Putnam Lecture	April 28, 1995	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name EVA M. CLAYTON

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X						X								
JT	307 W. Franklin St., Warrenton, NC			X										X							X								
	BB&T, Warrenton, NC		X												X				X										
SP	BB&T, Warrenton, NC		X											IRA							X								P

For additional assets and unearned income, use next page.

Name	EVA M CLAYTON	Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	First Citizens Bank, Warrenton, NC	Mortgage on 307 W. Franklin St., Warrenton, N.C.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute Congressional Program	Aug. 14 Aug. 18	Raleigh, NC-Boston-Quebec Quebec-Newark-Raleigh, NC	Y	Y	Y	N
	The Aspen Institute Congressional Program	Aug. 24 Sep. 1	Raleigh, NC-Washington, DC-Frankfurt-Istanbul Istanbul-Frankfurt-Washington, DC-Raleigh, NC	Y	Y	Y	N

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EVA M. CLAYTON
1ST DISTRICT, NORTH CAROLINA

COMMITTEES:
AGRICULTURE
SUBCOMMITTEES
SPECIALTY CROPS AND NATURAL RESOURCES
ENVIRONMENT, CREDIT AND RURAL DEVELOPMENT
DEPARTMENT OPERATIONS AND NUTRITION
SMALL BUSINESS
SUBCOMMITTEES:
PROCUREMENT, TAXATION AND TOURISM
RURAL ENTERPRISES, EXPORTS AND THE ENVIRONMENT

PRESIDENT
DEMOCRAT FRESHMAN MEMBERS

Congress of the United States
House of Representatives
Washington, DC 20515-3301

WASHINGTON OFFICE
222 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-3101

DISTRICT OFFICES:
134 N. MAIN STREET
WARRENTON, NC 27589
(919) 257-4800

400 WEST 5TH STREET
GREENVILLE, NC 27834
(919) 758-8800
1-800-274-8672

May 29, 1996

(3)

MC

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U.S. HOUSE OF REPRESENTATIVES

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The Clerk
U.S. House of Representatives
Legislative Resource Center
1036 Longworth House Office Building
Washington, DC 20515-6612

Dear Sir:

It has been brought to my attention that Schedule I-Earned Income (Page 2) of my Financial Disclosure Statement for Calendar Year 1995 was omitted. I therefore enclose an original and two copies of same, together with Form A.

Respectfully submitted,

Eva M. Clayton

Eva M. Clayton

EMC:h
Enclosures

LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

EVA M. CLAYTON
(Full Name)

59 RIVER ROAD
(Mailing Address)

LITTLETON, NC 27850

Daytime Telephone: (202) 225-3101

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: FIRST	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Eva M. Clayton

DATE (Month/Day/Year): MAY 29, 1996

Name	EVA M CLAYTON	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Theaoseus T. Clayton, P.A.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 14 PM 4:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

ROBERT (BOB) N. CLEMENT
(Full Name)

2229 RAYBURN BUILDING
(Mailing Address)

(202) 225-4311
Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Tennessee District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Robert (Bob) N. Clement

DATE (Month/Day/Year): May 15, 1996

Name	Page
ROBERT (BOB) N. CLEMENT	2 of 14

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute	Speech	Feb. 8, 1995	$2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT (BOB) N. CLEMENT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
Examples:	123 Main St., Dover, Del.							X						X											X				
Examples:	1st Bank of Paducah, KY accounts					X									X							X							
	Dickson Financial Corp Stock Dickson, TN			X									X							X									
	25 acres Farmland Wilson Co, TN				X														X										
	Rented Personal Residence 4420 East Brookfield, Nashville					X								X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	RSC INV REAL ESTATE HOLDINGS HWY 46, DICKSON, TN, 9%														X					X									
	PARTNERSHIP INTEREST			X																									
																X							X						
														X					X										
	FORREST HILLS DEVELOPMENT, REAL ESTATE HELD FOR INV., HWY		X												X				X										
	70, DICKSON, TN, 6 2/3% PARTNERSHIP INTEREST															X				X									
														X					X										
	MAYBELLE G. CLEMENT INVESTMENTS																												
	DICKSON, TN, 1/9 PARTNERSHIP		X												X				X										
	INTEREST															X			X										
														X					X										
	FRANKLIN NAT'L BANK STOCK																												
	~~FRANKLIN, TN~~			X															X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 5 of 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	CHARTER EQUITIES, P.O. BOX 831, MURFREESBORO, TN, REAL ESTATE SYND BUS., 1/3 PARTNERSHIP INT.	X												X					X*		X**								
	NORMANDY CHATEAU, RESIDENTIAL ~~RENTAL APTS., 1506 HIGHLAND DR.~~ KNOXVILLE, TN, 6.6% PARTNERSHIP ~~INTEREST~~		X											X					X*					X**					
															X				X										
	RIDGEVIEW APTS., RESIDENTIAL RENTAL, ROUTE 2 JEFFERSON CITY, TN, 25% PARTNERSHIP INTEREST				X									X					X*					X**					
															X					X									
	ROBINSON PROPERTY II, 23 ACRES ~~LOCATED ON PELLISSIPPI PKWY.,~~ KNOXVILLE, TN, 7% PARTNERSHIP ~~INTEREST~~				X														X										
	COMMERCIAL RENTAL BLDG., TRAN-~~SOUTH, 505 BROAD ST., ELIZABETH-~~TON, TN, 1/2 INTEREST			X										X					X*		X**								

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*NET **GROSS

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	FIRST AMERICAN SAVINGS ACCOUNT NASHVILLE, TN		X												X					X									
	TEACHERS INS & ANNUITY ASSN COLLEGE RETIREMENT FUND:																												
	REGULAR				X																								
	SUPPLEMENTAL				X																								
	STATE OF TN RETIREMENT			X											X						X								
	IRA'S - MERRILL LYNCH:																												
	MORGAN STANLEY	X													X				X										
	EATON VANCE PRIME TRUST	X											X						X										
	M/L RETIREMENT RESERVE	X											X						X										
	WILSON BANK & TRUST			X															X										
	COLUMBIA/HCA (FORMERLY HEALTH TRUST)		X										X						X										
	REPUBLIC AUTO PARTS		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	IRA'S - MERRILL LYNCH (cont.)																											
SP	M/L RETIREMENT RESERVE	X											X					X										
SP	HOME DEPOT		X										X					X										
	CRACKER BARREL		X										X					X										
	GAYLORD ENTERTAINMENT		X										X					X										
	ICC TECHNOLOGIES		X										X					X										
SP	ICC TECHNOLOGIES		X										X					X										
	WAINOCO OIL CORP		X										X					X										
	BANK OF NASHVILLE STOCK	X											X					X										
SP	AMERICAN FREIGHTWAYS		X										X					X										
	AMERICAN FREIGHTWAYS		X										X					X										P
	GREYHOUND LINES INC		X										X					X										P
	CALIF MICRO DEVICES CORP		X										X					X										P & S
	GENEVA STEEL CO		X										X					X										P
	SOUTHWEST AIRLINES		X										X					X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	WRIGHT PATMAN CREDIT UNION, DC			X											X					X									
	HEALTH CARE PRODUCTS NASHVILLE, INVESTMENT		X																X										
DC	SUMMIT		X										X						X										

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SCHEDULE IV — TRANSACTIONS

Name ROBERT (BOB) N. CLEMENT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	DOLLAR GENERAL STORE		X		4-26-95	X									
	DOLLAR GENERAL STORE		X		5-16-95	X									
	BEVERLY ENTERPRISES		X		4-26-95	X									
	CLAYTON HOMES, INC.		X		10-12-95	X									
	AMERICAN FREIGHTWAYS	X			10-23-95	X									
	GREYHOUND LINES INC	X			4-26-95	X									
	CALIF MICRO DEVICES CORP	X			4-26-95	X									
	CALIF MICRO DEVICES CORP	X			5-16-95	X									
	CALIF MICRO DEVICES CORP		X		10-27-95	X									
	PC DOCS GROUP INC	X			7-28-95	X									
	PC DOCS GROUP INC		X		10-23-95	X									
	COREL CORP CANADA	X			10-12-95	X									
	COREL CORP CANADA		X		12-15-95	X									
	GENEVA STEEL CO	X			10-23-95	X									
	GENEVA STEEL CO	X			11-3-95	X									
	SOUTHWEST AIRLINES	X			12-15-95	X									

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SCHEDULE IV — TRANSACTIONS

Name ROBERT (BOB) N. CLEMENT

Page 10 of 14

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	CLEMWICK	X			12-27-95	X (purchased $6,150 but became worthless by end of year)									
	LOMAS MORTGAGE, DALLAS, TX		X		8-22-95		X (satisfied liability)								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	FEDERAL LAND BANK, LOUISVILLE, KY	MORTGAGE ON 25 ACRE FARM WILSON CO. TN		X								
	LOMAS MORTGAGE, DALLAS, TEXAS	MORTGAGE ON RENTAL RESIDENCE,NASHVILLE,TN		X	(SATISFIED LIABILITY)							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name ROBERT (BOB) N. CLEMENT | Page 12 of 14

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ASSOC AMERICAN RAILROADS	JULY 6-9	Wash,DC-Jackson Hole,WY-DC	Y	Y	Y	N
	AMER CROP PROTECTION	SEPT 22-24	Wash,DC-White Sulphur Springs,WV	Y	Y	Y	N
	COLUMBIA INSTITUTE	MAY 31	Wash,DC-Nashville-DC	N	N	Y Spouse only-transportation	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	ROBINSON PROPERTY II LTD
PARTNER	CHARTER EQUITIES
PARTNER	NORMANDY CHATEAU
PARTNER	RIDGEVIEW APARTMENTS
PARTNER	RSC INVESTMENTS
PARTNER	FORREST HILLS DEVELOPMENT

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 23-642 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	MAYBELLE G. CLEMENT INVESTMENTS
PARTNER	BOARD OF TRUST, CUMBERLAND UNIVERSITY

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 3:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

LEGISLATIVE RESOURCE
96 MAY 15 PM 3
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(Office Use Only)

William F. Clinger
(Full Name)

Room 2160 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-5121

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [X]	No [ ]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: William F. Clinger

DATE (Month/Day/Year): May 15, 1996

600

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residance(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC, JT	*Examples:* SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Airtouch Communications	$1,001 - $15,000	Dividends	$1 - $200	
SP	Airtouch Communications	$1,001 - $15,000	Dividends	$1 - $200	
SP	Alliance Fund	$15,001 - $50,000	Dividends & capital gains	$2,501 - $5,000	
	The Allstate Corp.	$1,001 - $15,000	Dividends	$1 - $200	spin-off
	American Electric Power	$1,001 - $15,000	Dividends	$1 - $200	
SP	American Tele. & Telegraph	$50,001 - $100,000	Dividends	$1,001 - $2,500	
	American Tele. & Telegraph	$1,001 - $15,000	Dividends	$1 - $200	
SP	Ameritech	$1,001 - $15,000	Dividends	$1,001 - $2,500	
SP	Bell Atlantic	$1,001 - $15,000	Dividends	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BellSouth	$1,001 - $15,000	Dividends	$1 - $200	stock split
SP	BellSouth	$1,001 - $15,000	Dividends	$1,001 - $2,500	stock split
SP	Blair Corp.	$250,001 - $500,000	Dividends	$15,001 - $50,000	
	Blair Corp.	$100,001 - $250,000	Dividends	$5,001 - $15,000	
SP	Bristol Myers Squibb	$50,001 - $100,000	Dividends	$5,001 - $15,000	
	CBS, Inc.	~~XXXXXXX~~ NONE	Dividends	$1 - $200	bought out
	Chase Manhattan Corp.	$1,001 - $15,000	Dividends	$1 - $200	
	Chrysler Corp.	$1,001 - $15,000	Dividends	$1 - $200	
SP	CMA Tax Exempt Fund	~~XXXXXXX~~ NONE	Dividends	$1,001 - $2,500	S
	CMA Tax Exempt Fund	$250,001 - $500,000	Dividends	$5,001 - $15,000	
	Comerica, Inc.	$1,001 - $15,000	Dividends	$201 - $1,000	
	Cortland Gen. Money Market	$1,001 - $15,000	Dividends	$201 - $1,000	
	Dean Witter, Discover Co.	$1,001 - $15,000	Dividends	$1 - $200	
SP	Dreyfus Worldwide Fund	~~XXXXXXX~~ NONE	Dividends	$1,001 - $2,500	S
SP	Eastman Chemical Co.	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Eastman Kodak Co.	$15,001 - $50,000	Dividends	$201 - $1,000	
	Eastman Kodak Co.	$15,001 - $50,000	Dividends	$201 - $1,000	
	Eaton Corp.	$1,001 - $15,000	Dividends	$1 - $200	
	Electronic Data Systems, Inc. (GM Class E)	$1,001 - $15,000	Dividends	$1 - $200	P
	Exxon Corp.	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	Fisher Companies, Inc.	$100,001 - $250,000	Dividends	$2,501 - $5,000	stock split
	General Electric Co.	$50,001 - $100,000	Dividends	$1,001 - $2,500	
SP	General Electric Co.	$100,001 - $250,000	Dividends	$5,001 - $15,000	
SP	General Motors Corp.	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	Germany Fund, Inc.	$1,001 - $15,000	Dividends & capital gains	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	IBM Corp.	$100,001 - $250,000	Dividends	$1,001 - $2,500	
	IBM Corp.	$1,001 - $15,000	Dividends	$201 - $1,000	
	Integra Financial Corp.	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	JC Penney Co.	$15,001 - $50,000	Dividends	$5,001 - $15,000	
SP	Johnson & Johnson	$50,001 - $100,000	Dividends	$5,001 - $15,000	
SP	May Department Stores	$50,001 - $100,000	Dividends	$5,001 - $15,000	
	Medrad, Inc.	~~$50,001 - $100,000~~ NONE	Capital Gains	$5,001 - $15,000	bought out
	Merck & Co.	$15,001 - $50,000	Dividends	$1 - $200	P
	Minnesota, Mining & Manuf.	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Minnesota, Mining & Manuf.	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	Motorola, Inc.	$1,001 - $15,000	Dividends	$1 - $200	
SP	Nynex	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Pacific Telesis	$1,001 - $15,000	Dividends	$201 - $1,000	
	Pacific Telesis	$1,001 - $15,000	Dividends	$1 - $200	
SP	PECO Energy Co.	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	PECO Energy Co.	$15,001 - $50,000	Dividends	$1 - $200	P
	Pennsylvania Power & Light	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Pepsico, Inc.	$15,001 - $50,000	Dividends	$5,001 - $15,000	
SP	Petroleum & Resources Corp.	$1,001 - $15,000	Dividends & capital gains	$1,001 - $2,500	
	Pfizer, Inc.	$50,001 - $100,000	Dividends	$201 - $1,000	stock split
	Philip Morris Cos., Inc.	$15,001 - $50,000	Dividends	$1 - $200	P
	PNC Financial	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Polaroid Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Quaker State Oil	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	RJR Nabisco (merged with Borden)	$15,001 - $50,000	Dividends	$201 - $1,000	E

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	SBC Communications (formerly Southwestern Bell)	$1,001 - $15,000	Dividends	$1,001 - $2,500	name change
	Scott Paper Co.	$15,001 - $50,000	Dividends	$1 - $200	
	Sears Roebuck & Co.	$1,001 - $15,000	Dividends	$201 - $1,000	
	Southern Co.	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	US West	$1,001 - $15,000	Dividends	$201 - $1,000	
	US West	$15,001 - $50,000	Dividends	$1 - $200	P
	Warner Lambert Co.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Westinghouse Electric Corp.	$1,001 - $15,000	Dividends	$201 - $1,000	
	Weyerhaeuser Co.	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Xerox Corp.	$15,001 - $50,000	Dividends	$201 - $1,000	
	LA Central Net Profits Units	$1,001 - $15,000	Royalty	$1,001 - $2,500	
	Kansas City Single Family Mortgage Revenue Bond	~~$100,001~~ NONE	Interest	~~$1,001~~ NONE	BOND REDEEMED
	Westmoreland County Industrial Develop. Auth. Bond	$1,001 - $15,000	Interest	$201 - $1,000	
	Lelia May H. Clinger Trust B	(Trust assets unknown - See Page 1)		$5,001 - $15,000	
	William Floyd Clinger Trust B	(Trust assets unknown - See Page 1)		$5,001 - $15,000	
SP	Skyline Corp.	NONE	Dividends	$1 - $200	S

Name William F. Clinger | Page 6 of 8

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Kansas City	bond redeemed	02/13/95	$1,001 - $15,000
SP	CMA Tax Exempt Fund	Sold	04/13/95	$1,001 - $15,000
	Pfizer, Inc.	2-for-1 split	04/27/95	$1,001 - $15,000
	Fisher Cos., Inc.	4-for-1 split	05/15/95	$100,001 - $250,000
	The Allstate Corp.	spin-off from Sears Roebuck	06/30/95	$1,001 - $15,000
	Merck & Co.	Purchase	10/02/95	$15,001 - $50,000
	Medrad, Inc.	company bought out	10/03/95	$15,001 - $50,000
	PECO Energy Co	Purchase	10/05/95	$15,001 - $50,000
	Philip Morris Cos., Inc.	Purchase	10/05/95	$15,001 - $50,000
	US West	Purchase	10/05/95	$15,001 - $50,000
	BellSouth Corp.	2-for-1 split	10/11/95	$1,001 - $15,000
SP	BellSouth Corp.	2-for-1 split	10/11/95	$1,001 - $15,000
SP	Dreyfus Worldwide Fund	Sold	10/18/95	$15,001 - $50,000
	Electronic Data Systems, Inc.	Purchase	11/08/95	$1,001 - $15,000
SP	Skyline Corp.	Sold	11/12/95	$1,001 - $15,000
	CBS, Inc.	company bought out	11/24/95	$1,001 - $15,000
SP	RJR Nabisco (company merged with Borden, Inc.)	Exchange	03/14/95	$15,001 - $50,000 received RJR stock for Borden
SP	SBC Communications Inc. (formerly Southwestern Bell)	change of name	05/01/95	name change only

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute Conference	Feb. 17-20	Wash., DC-Naples, Fla-Wash., DC	Y	Y	Y	None
Kellogg School of Mgmt.	May 20-22	Wash., DC-Chicago, Ill-Wash, DC	N	N	Y	3 days
Valis Associates Confce.	June 16-18	Wash., DC-Hot Springs,VA-DC	Y	Y	Y	None
Ripon Transatlantic Conf.	Aug. 18-26	DC-Dublin, Ireland-London-England	Y	Y	Y	None
Cong. Economic Leader-	Aug. 27 -	London-St. Petersburg, Russia-	Y	Y	Y	4 days
ship Institute Study Trip	Sept. 3	London-Wash., DC				

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Chairman, Board of Directors	Ripon Education Fund, Inc.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

7 HAND DELIVERED
(Office Use Only)

James E. Clyburn
(Full Name)

1703 Gervais Street
(Mailing Address)

Daytime Telephone: 803-799-1100

Columbia SC 29201

Filer Status	[X] Member of the U.S House of Representatives	State SC District: 06	[ ] Officer or Employee	Employing Office:	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: James E. Clyburn

DATE (Month/Day/Year): 5/15/96

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	South Carolina Retirement System (This income is not subject to the outside earned income limit)	Retirement from the State of South Carolina	$50,100
	U S Department of Veterans Affairs	Retirement Income	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
St. John's Baptist Church	Speech	2/11/95	$ 100
Morris College	Speech	2/28/95	$ 1,000
City of Tacoma, Washington	Speech	3/ 9/95	$ 500
Nesmith, SC NAACP	Speech	4/ 1/95	$ 200
Palmetto Dental, Medical & Pharmaceutical Association	Speech	4/23/95	$ 350
Columbia Junior College	Speech	6/23/95	$ 200
Mt. Carmel Baptist Church	Speech	6/28/95	$ 350
Voorhees College	Speech	8/ 8/95	$ 1,000
New Bethel AME Church	Speech	9/17/95	$ 200
Andrews Chapel United Methodist Church	Speech	10/14/95	$ 100
York County Political Black Caucus	Speech	11/26/95	$ 200
St. George Branch NAACP	Speech	12/ 9/95	$ 150

Name James E. Clyburn | Page 4 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fort Jackson Federal Credit Union	$1 - $1,000	Interest	$1 - $200	
	S.C. State Credit Union	$15,001 - $50,000	Interest	$1 - $200	
	Nations Bank	$1,001 - $15,000	Interest	$1 - $200	
	SCANA Corporation	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Automated Data Processing, Inc.	$1,001 - $15,000	Dividends	$1 - $200	
SP	Nations Bank	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	417 & 419 Juniper Street, Columbia, SC	$15,001 - $50,000	Rent	$2,501 - $5,000	
	9 Dunbar Street, Myrtle Beach, SC	$15,001 - $50,000	Rent	$2,501 - $5,000	
	645-47 W. Liberty Street, Sumter, SC (50%	$50,001 - $100,000	Rent	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

ownership)				
Nations Bank, Columbia, SC (IRA)	$15,001 - $50,000			
Merrill Lynch, Columbia, SC (IRA)	$1,001 - $15,000			

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	MLA Inc., Lakeview, OH	Mortgage on 417 Juniper Street, Columbia, SC	$15,001 - $50,000
	Countrywide Funding, Van Nuys, CA	Mortgage on 9 Dunbar Street, Myrtle Beach, SC	$15,001 - $50,000
	NBSC Columbia, SC	Mortgage on 645-47 W. Liberty Street, Sumter, SC (50% interest)	$50,001 - $100,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Publisher Emeritus	Coastal Times, Inc.
Board Member	Wofford College
Board Member	Allen University

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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(8)

John Howard Coble
(Full Name)

5741-L Bramblegate Road
(Mailing Address)

Greensboro, North Carolina 27409
Daytime Telephone (202) 225-3065

Filer Status	[X] Member of the U.S. House of Representatives — State: NC District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL John Howard Coble

DATE (Month/Day/Year) 5-14-96

Name	John Howard Coble	Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute	Speech in Wash, DC	Feb.8,1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Howard Coble

Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset											Block C: Type of Income					Block D: Amount of Income										Block E: Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples* — SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Food Lion Common Stock		X										X						X										
	Wal Mart Common Stock		X										X						X										
	RJR Nabisco Common Stock		X										X						X										
	Toys R Us Common Stock		X										X						X										
	GTE Common Stock		X										X						X										
	Ryan's Steak House Common St.		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Howard Coble

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	1 acre+dwelling,Blowing RockNC				X																								
	78acre farm(HenryCo.VA)½interest				X																								
	First Union Nat'lBank checking		X												X				X										
	Central Carolina Bank savings		X												X				X										
	Central Carolina Bank checking		X												X				X										
	BB&T Savings Bank savings				X										X							X							
	Wright Patman Credit U. savings				X										X							X							
	Bank of NC stock certificate		X										X						X										
	Merrill Lynch Cash Mgt Account		X												X				X										
	Merrill Lynch Ind. Retire. Acc		X										X						X										
	(this IRA contains Food Lion stock with a value of B;RJR Nabisco Stock with a value of B; plus cash with value of B)																												
	NationsBank checking		X												X				X										
	Jefferson-Pilot fixed annuity		X												X					X									
	Jefferson-Pilot variable annuity	X													X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Howard Coble

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	SMA Life insurance annuity		X												X						X								
*	State Employees Credit U. savings			X											X					X										
	Wachovia NC Mem.Hospital bond		X										X							X									
	General American insur.annuity		X												X				X										
	Western National insur:annuity		X												X				X										
*	As I was preparing my 1995 form,																												
	I realized that I had inadver-																												
	tently omitted this acct. from																												
	my 1994 form. It had been listed																												
	in previous years and should																												
	have been included. I will amend																												
	my 1994 statement.																												

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Asia-Pacific Exchange Found (USIA approved exchange)	Aug15-27	Wash,DC-Beijing-HongKong Singapore-Wash,DC	Y	Y	N	N
	American Crop Protec Assoc	Sep22-24	Wash,DC-White Sulpher Spings,WV-Wash,DC	Y	Y	N	N
	A.P. Moller, Inc.	Oct3-7	Wash,DC-Copenhagen, Denmark-Wash,DC	Y	Y	N	N
	American Consulting Engineer	Oct20-21	Wash,DC-Asheville,NC-Greensboro, NC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Board of Associates, Greensboro College, Greensboro, NC
Member	National Commission on the Future of High Point University, High Point, NC
Member	Board of Vistors, Guilford College, Greensboro, NC
Member	Congressional Advisory Board, Congressional Youth Leadership, Wash, DC
Member	National Advisory Board, Jefferson Educational Foundation, Washington, DC
Member	Congressional Board of Advisors, Common Sense, Inc., Stafford, VA
Member	Board of Advisors, Jefferson Islands Club, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22–642 (mac)

Use additional sheets if more space is required.

HOWARD COBLE
Sixth District
North Carolina

Committees:
Judiciary
Transportation and Infrastructure
Chairman, Subcommittee on Coast Guard and Maritime Transportation

403 Cannon House Office Building
Washington, DC 20515-3306
Phone: (202) 225-3065
Fax: (202) 225-8611

Suite 247
324 West Market Street
Greensboro, NC 27401-2544
Phone: (910) 333-5005
Fax: (910) 333-5048

Congress of the United States
House of Representatives
Washington, DC 20515-3306

Suite 101
241 Sunset Avenue
Asheboro, NC 27203-5658
Phone: (910) 626-3060
Fax: (910) 626-4633

P.O. Box 814
124 West Elm Street
Graham, NC 27253-0814
Phone: (910) 229-0159
Fax: (910) 228-7974

Suite 430
1912 Eastchester Drive
High Point, NC 27265-1405
Phone: (910) 886-5106
Fax: (910) 886-8740

P.O. Box 1813
Suite A
1404 Piedmont Drive
Lexington, NC 27293-1813
Phone: (704) 248-8230
Fax: (704) 248-4275

May 14, 1996

The Honorable Robin H. Carle
Clerk of the House
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515-6612

Dear Robin:

As I was preparing my 1995 financial disclosure statement, I realized that I had inadvertently omitted an asset on Schedule III of my 1994 financial disclosure form. This letter is to amend my 1994 statement.

On Schedule III of my 1994 financial disclosure statement, I failed to list my savings account with the State Employees Credit Union as it was listed on previous reports. The savings account should have been listed as having a value of "C" with interest income accruing in the amount of "II." This account is properly listed on my 1995 financial disclosure statement.

Thank you for your assistance with this request. If you have any questions, please do not hesitate to contact me or my administrative assistant Ed McDonald.

Sincerely,

Howard

HOWARD COBLE
Member of Congress

HC:emc

RECEIVED IN SOURCE CENTER
96 MAY 14 PM 4:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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MC
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Thomas A. Coburn
(Full Name)

5409 Rolling Oaks
(Mailing Address)

Daytime Telephone: (918) 687-2533

Muskogee, Oklahoma 74401

Filer Status	[X] Member of the U.S. House of Representatives	State: Oklahoma District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-14-96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Thomas A. Coburn, M.D., Inc.	Salary	4,000
	Thomas A. Coburn, M.D., Inc.	S-Corp Loss	(7,700)
	Muskogee Allergy Clinic	Partnership Income	19,400
	T&C Construction, Inc.	S-Corp Loss	(11,000)
	Total		4,700

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X						X								
	Congressional FCU		X												X					X									
	Edward D. Jones, Account	X													X				X										Closed
	Barrick Gold Corp. (Name Change)			X									X						X										
	Amer Gold Eagles 1 oz		X										X						X										
	Newmont Gold		X										X						X										
	Placer Dome		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas A. Coburn

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	US T-Bill 1/12/95	X													X						X								S
	Alliance New World Fund		X										X						X										
	Colonial High Yield Fund			X									X									X							
	Putnam Capital Apprec Fund		X										X						X										P
	Mentor Growth Fund			X									X								X								
	Putnam Tax-Free High Yield Fund		X										X							X									P
	MFS Income Trust		X										X							X									
	Professional Building Partnership						X							X									X						
	Plaza Medical Center Partnership						X							X								(Loss)							
	~~Muskogee Allergy~~ Clinic Partnership		X														(See		Schedule			1)							
	Thomas A. Coburn, M.D., Inc.					X											(See		Schedule			1)							
	T&C Construction, Inc.						X										(Business		Loss)										
	Ranch Land, Muskogee County, OK						X							X									X						S
	Medical Equipment			X										X							X								
	IRA-Mass Mutual-Blend Fund	X											X									X							E (Rollover)

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas A. Coburn

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	IRA-Paine Webber, Inc.-Cash Fund		X										X							X									
	IRA-Edward D. Jones-Cash Fund			X									X						X										E (Rollover)
	Profit Sharing Plan-TAC M.D., Inc.				X								X											X					
	Anchor Natl Life Variable Annuity***																												
	***SAM High Yield Bond		X										X						X										E
	***AC Growth-Income		X										X						X										E
	***AC Alliance Growth		X										X						X										E
	***AC Global Equity		X										X						X										E
	***WEL Capital App		X										X						X										E
	***GS Global Bond		X										X						X										E
	***GS Fixed Income	X											X						X										E
JT	Bank IV Oklahoma, Accounts			X											X					X									
JT	Bank of Oklahoma, Account		X												X				X										
JT	Paine Webber Inc., Accounts					X									X								X						
JT	Oil & Gas Royalty		X											Royalty						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas A. Coburn

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	American Express Co.		X										X							X									
SP	Amoco Corp.		X										X							X									P
SP	AMR Corp.		X										X						X										P
SP	AT&T Corp.		X										X							X									S
SP	AVNET, Inc.		X										X						X										
SP	Bristol, Myers, Squibb		X										X							X									S
SP	CBS, Inc.	X											X						X										S
SP	Coastal Corp.		X										X						X										S
SP	Compaq Computer Corp.		X										X						X										P
SP	Dresser Industries	X											X						X										S
SP	Dillard Dept. Stores, Inc.		X										X						X										P
SP	Dun & Bradstreet		X										X							X									P,S
SP	Emerson Electric		X										X							X									S
SP	Federal National Mortgage Association		X										X							X									S
SP	First Union Corp.		X										X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas A. Coburn

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Ford Motor Co.		X										X							X									P
SP	General Electric		X										X							X									
SP	GTE Corp.		X										X							X									S
SP	HJ Heinz Co.		X										X							X									S
SP	Intel Corp.	X											X						X										S
SP	ITT Corp.		X										X						X										E (Reorg)
SP	ITT Hartford Group		X										X						X										E (Reorg)
SP	ITT Industries		X										X						X										E (Reorg)
SP	K Mart Corp.	X											X							X									S
SP	Knight Ridder, Inc.		X										X						X										
SP	Lehman Brothers Holding		X										X						X										S
SP	Long Island Ltg. Co.	X											X						X										S (1994)
SP	Mallinckrodt Group, Inc.		X										X						X										P
SP	Merck & Co.		X										X							X									S
SP	Nationsbank Corp.		X										X							X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas A. Coburn

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Pepsico, Inc.	X											X						X										S
SP	Pitney Bowes, Inc.		X										X							X									P
SP	Repsol		X										X						X										P
SP	Telefonos de Mexico		X										X						X										S,P
SP	Sara Lee Corp.		X										X						X										P
SP	Texaco, Inc.	X											X						X										S
SP	Textron, Inc.		X										X						X										S
SP	Tyco International Ltd.		X										X						X										
SP	Unilever	X											X						X										S
SP	Untd Healthcare Corp.		X										X						X										P,S
SP	USX-US Steel Group		X										X						X										S
SP	Union Camp Corp.	X											X						X										P,S
SP	Whirlpool Corp.	X											X						X										P,S
SP	WMX Technologies, Inc.		X										X							X									P,S
SP	Grand River Dam Auth 6.8%		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas A. Coburn

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	Grand River Dam Auth 9.375%	X													X					X									S
SP	Washington County 7.85%	X													X					X									S
SP	US Treasury Note 5.50%			X											X					X									P
SP	US Treasury Note 7.25%				X										X							X							E (Rollover)
SP	IRA-Mass Mutual-Blend Fund	X											X									X							
SP	IRA-Paine Webber, Inc.-Cash Fund		X										X							X									E (Rollover)
SP	IRA-Edward D. Jones-Cash Fund			X									X						X										
DC	O.W. Coburn Grandchildren's Trust				X								X		X	X						X							
DC	TA Coburn Trust for Sarah J. Coburn					X							X		X	X							X						
	Note Receivable-Jernigan Farms				X										X				X										S (Ranch land)

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SCHEDULE IV — TRANSACTIONS

Name Thomas A. Coburn

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Putnam Capital Apprec Fund	X			01-02-95	X									
	Putnam Tax-Free High Yield Fund	X			01-02-95	X									
	US T-Bill 1-12-95		X		01-12-95			X							
SP	AT&T Corp.		X		09-13-95	X									
SP	Amoco Corp.	X			04-05-95	X									
SP	AMR Corp.	X			07-19-95	X									
SP	Bristol Myers Squibb		X		09-13-95	X									
SP	Bristol Myers Squibb		X		12-29-95	X									
SP	CBS, Inc.		X		09-13-95	X									
SP	Clorox Co.	X			05-17-95	X									
SP	Clorox Co.		X		09-01-95	X									
SP	Coastal Corp.		X		09-13-95	X									
SP	Compaq Computer Corp.	X			05-12-95	X									
SP	Dresser Industries		X		09-12-95	X									
SP	Dun & Bradstreet	X			07-25-95	X									
SP	Dun & Bradstreet		X		09-13-95	X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	Emerson Electric		X		09-13-95	X									
SP	Federal National Mortgage		X		09-13-95	X									
SP	GTE Corp.		X		09-13-95	X									
SP	HJ Heinz Co.		X		09-13-95	X									
SP	Intel Corp.		X		02-10-95	X									
SP	Intel Corp.		X		05-11-95	X									
SP	Intel Corp.		X		07-20-95	X									
SP	K Mart Corp.		X		12-18-95	X									
SP	Lehman Brothers Holding		X		09-13-95	X									
SP	Mallinckrodt Group, Inc.	X			01-20-95	X									
SP	Merck & Co.		X		09-13-95	X									
SP	NationsBank Corp.		X		09-13-95	X									
SP	Pepsico, Inc.		X		01-03-95	X									
SP	Pitney Bowes	X			02-06-95	X									
SP	Repsol	X			04-12-95	X									
SP	Sara Lee Corp.	X			09-01-95	X									

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Name Thomas A. Coburn

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
SP	Telefonos De Mexico	X			08-17-95	X									
SP	Telefonos De Mexico		X		09-13-95	X									
SP	Unilever		X		09-13-95	X									
SP	Union Camp Corp.	X			08-23-95	X									
SP	Union Camp Corp.		X		09-13-95	X									
SP	Union Camp Corp.		X		12-18-95	X									
SP	Untd Health Care Corp.	X			06-27-95	X									
SP	USX-US Steel Group		X		09-13-95	X									
SP	Whirlpool Corp.	X			05-10-95	X									
SP	Whirlpool Corp.		X		05-24-95	X									
SP	WMX Technologies, Inc.		X		09-13-95	X									
SP	US Treasury Note 5.50%	X			08-10-95	X									
SP	Washington County 7.85%		X		11-01-95	X									
SP	Grand River Dam Auth 9.375%		X		06-01-95	X									
SP	Dillard Dept Stores, Inc	X			07-21-95	X									
SP	Dillard Dept Stores, Inx	X			08-09-95	X									

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Name Thomas A. Coburn

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
SP	Ford Motor Co	X			04-12-95	X									
SP	Ford Motor Co	X			07-11-95	X									
SP	Texaco Inc		X		04-05-95	X									
SP	Textron Inc		X		09-13-95	X									
SP	Untd Healthcare Corp		X		09-13-95	X									
SP	WMX Technologies, Inc	X			04-04-95	X									
	440 Acres Ranch Land, Muskogee County, OK		X		03-04-95				X	(Jernigan)					

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association of Pharmaceutical Manufacturers	Jan. 29-30	Tulsa-Chicago-San Juan-Miami-Wash., D.C.	Y	Y	N	N
	Texas Medical Society	Sep. 16	Tulsa-Austin-Tulsa	N	N	N	N
	Optical Manufacturers Assoc.	Oct. 15-16	Tulsa-Denver-Aspen-Denver-Wash., D.C.	N	N	N	N
	The Congressional Institute, Inc Leesburg '95 Conference	May 3-5	Wash., D.C.-Leesburg-Wash., D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Thomas A. Coburn, M.D., Inc.
President	T&C Construction, Inc.
General Partner	Professional Building Partnership
General Partner	Plaza Medical Center Partnership
General Partner	Muskogee Allergy Clinic Partnership
Manager	Maternal & Family Practice Associates, LLC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
11-09-94	Thomas A. Coburn and associate physicians	The Congressman may continue to practice on a very
	Dr. Michael R. Butner and Dr. Evan D. Cole	limited basis while at home from Washington in
		order to preserve his practice. His associates
		will care for the majority of his patients.

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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96 MAY -8 AM 9:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Ronald D. Coleman
(Full Name)

2312 Rayburn HOB, Washington, DC 20515
(Mailing Address)

202/225-4831
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: TX District: 16	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Ronald D. Coleman

DATE (Month/Day/Year) May 7, 1996

Name	Page 2 of 9
Ronald D. Coleman	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$[illegible]000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. Department of Defense, Department of the Army	Spouse Salary	
	Texas Employees Retirement System	Pension	$20,684.76

For payments to charity in lieu of honoraria, use Schedule II.

Name Ronald D. Coleman	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
None				

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Name Ronald D. Coleman

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X								X						X									P
			123 Main St., Dover, Del.						X							X										X				
			1st Bank of Paducah, KY accounts					X									X							X						
	Prudential Insurance			X													X			X										
	Wright Patman Cong. Credit Union			X													X			X										
	Wright Patman Cong. Credit Union			X													X			X										
	El Paso Employees Fed. Credit Union			X													X			X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald D. Coleman

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	N/A																												

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SCHEDULE IV — TRANSACTIONS

Name Ronald D. Coleman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	N/A															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	State National Bank, El Paso	Personal Loan	X									
	Wright Patman Cong. Credit Union	Personal Loan		X								
	Charles Crowder	Loan to Ronald D. Coleman Blind Trust			X							
	Deborah Kastrin	Loan to Ronald D. Coleman Blind Trust			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1994

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Barbara-Rose Collins
(Full Name)
401 Cannon H.O.B.
Washington DC 20515
(Mailing Address)
Daytime Telephone: (202) 225-2261

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 15	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who file more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Barbara Rose Collins

DATE (Month/Day/Year): May 15, 1996

Barbara-Rose Collins
Name

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Michigan	Legislative Pension	11,625.72

For payments to charity in lieu of honoraria, use Schedule II.

Barbara-Rose Collins
Name

Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

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Name: Barbara - Rose Collins

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	2256 Leland, Detroit Mi.				X												X										
	MCI Corp. - STOCK	X																									S
	MARRIOTT Corp. - STOCK	X																									S
	FIRST of Mi -	X																									S
	Detroit Municipal C.U.		X								X							X									
	Detroit Teachers C.U.		X								X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Barbara-Rose Collins

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Centerior Energy Corp.	X																									S
	Somanetics Corp.	X																									S
	Keystone Series S-4					X						N/A						N/A									
	5740 Devonshire				X							X									X						
	Carnco Pharm Labs										X																
	John Hancock - Bond			X							X							X									
	Yachtman Fund			X							X								X								
	Cohn + Stearns Real Estate			X							X								X								
	Chas. Schwab Mutual Fund	X									X							X									
	United Amer. Health Care			X							X																
	Integrated Res. Inc.	X										N/A					X										S
	Cong. Federal CU			X							X								X								

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Name: Barbara-Rose Collins

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–94		X					
	MCI Corp.		X		10-3-95	X						
	MARRIOTT Corp		X		"	N/A						
	FIRST of MI		X		"	N/A						
	CENTERIOR Energy Corp		X		"	N/A						
	Somanetics Corp.		X		"	X						
	Integrated Res. Inc.		X		"	N/A						

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Name: Barbara-Rose Collins

Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Wright-Patman Federal C.U.	LOANS		X					
	Comerica	Mortgage on 5740 Devonshire Detroit Mi		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Carrie Meek for Congress P.O. Box 01-6012, Miami, FL 33101	Donation to Trust - Collins Legal Defense Fund	300.00
Don Payne for Congress P.O. Box 2406, Newark NJ 07114	" " " " " " "	250.00
Hastings for Congress P.O. Box 9352, Fort Lauderdale, FL 33310	" " " " " " "	500.00
Olivia C. Hunter III, MD, PA 4026 Rosenwood Dr., Houston TX 77004	" " " " " " "	500.00

Use additional sheets if more space is required.

Name Barbara-Rose Collins | Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Amer. Assoc. R.R.	Apr 21-24	Detroit - Palm Springs - Det.	Y	Y	N	N
	Chinese Nat'l. Assoc. of Industry & Commerce	May-28 to June 3	Detroit - Taiwan - Det	Y	Y	N	N
	Yale University Seminary	Mar 24-25	Wash DC - Hartford Conn. - DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Cardiss R. Collins
(Full Name)

1115 S. Plymouth Court
Chicago, Illinois 60605
(Mailing Address)

(312) 353-5754
(202) 225-5006
Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: seventh	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Cardiss Collins

DATE (Month/Day/Year): May 8, 1996

Name	Cardiss R. Collins	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Illinois	Pension	4,465

For payments to charity in lieu of honoraria, use Schedule II.

Name Cardiss R. Collins | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	National Cable Television, Dallas, Texas	Appearance/Speech	May 6, 1995	1,500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Cardiss R. Collins

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Credit Union, Washington, DC personal account				X										X						X								
	First Chicago Bank -- various accounts			X											X					X									
	Westmoreland County, PA Bond				X										X							X							
	Occidental Petroleum Corp. Capital Stock		X										X							X									
	FPL Group, Inc. Common Stock		X										X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cardiss R. Collins

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	May Department Stores Common Stock			X									X							X									
	Emerson Electric Co. Common Stock			X									X							X									
	St. Paul Co. Inc. Capital Stock		X										X			X						X							S
	Dallas, Texas Bonds				X										X							X							
	GTE Corp. Common Stock		X										X							X									
	Long Island Lighting Co. Common Stock	X											X						X										S
	Clorox Co. Common Stock		X										X			X						X							S
	Merrill Lynch Money Market (Ready Asset Trust)			X									X								X								
	Bank America Corp. Common Stock			X									X							X									
	First Prairie Cash Management Fund				X										X							X							
	Federal Home Loan Mortgage Corp. Common stock			X									X							X									P
	Hershey Foods Corp. Common Stock		X										X							X									P
	U.S. Treasury Bill		X												X					X									P

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name: Cardiss R. Collins

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	~~Federal Home Loan Mortgage Corp. Common Stock~~	X			04/11/95	X									
	Hershey Foods Corp. Common Stock	X			04/11/95	X									
	Clorox Co. Common Stock		X		04/11/95	X									
	Long Island Lighting Co. Common Stock		X		04/11/95	X									
	St. Paul Companies, Inc. Capital Stock		X		04/11/95	X									
	U.S. Treasury Bill	X			03/09/95	X									

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Democratic National Committee (conference)	Mar. 3-16	Wash., D.C. - Palm Beach, FL - Wash., D.C.	Y	Y	N	N
	Futures Industry Assoc. (speech)	Mar. 16-21	Wash., D.C. - Boca Raton, FL - Wash., D.C.	Y	Y	N	2 days
	National Cable Television Association (speech)	May 6-7	Wash., D.C. - Dallas, TX - Chicago, IL	Y	Y	N	N
	Aspen Institute - Congressional Conference (speech)	Aug. 24-Sept.1	Wash., D.C. - Istanbul, Turkey - Wash., D.C.	Y	Y	N	N

This page may be copied if more space is needed.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairperson (unpaid)	Congressional Black Caucus Foundation

SCHEDULE IX — AGREEMENTS N/A

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1986 22-642 (mac)

Use additional sheets if more space is required.

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 JUN -5 PM 5:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 17, 1996

HAND DELIVERED

MC ✓ (2)

Clerk, U.S. House of Representatives
Legislative Resource Center
1036 Longworth House Office Building
Washington, D.C. 20515-6612

Re: 1995 Financial Disclosure Statement

Ladies and Gentlemen:

My attorney made a mistake in preparing my Financial Disclosure Statement. On page 7 of the report, under Schedule VII - Fact Finding, Substantial Participation, and Other Travel, there was a typographical error regarding the dates of my travel to the Democratic National Committee. The report listed the dates as March 3-16, the correct dates should be March 3 - March 6. Enclosed you will find an amended Schedule VII for your records.

Sincerely,

Cardiss Collins

HONORABLE CARDISS COLLINS

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Democratic National Committee (conference)	Mar. 3-06	Wash., D.C. - Palm Beach, FL - Wash., D.C.	Y	Y	N	N
	Futures Industry Assoc. (speech)	Mar. 16-21	Wash., D.C. - Boca Raton, FL - Wash., D.C.	Y	Y	N	2 days
	National Cable Television Association (speech)	May 6-7	Wash., D.C. - Dallas, TX - Chicago, IL	Y	Y	N	N
	Aspen Institute - Congressional Conference (speech)	Aug. 24-Sept.1	Wash., D.C. - Istanbul, Turkey - Wash., D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

(9)

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MC (Office Use Only)

Michael Allen (Mac) Collins
(Full Name)

80 Riverside Court
(Mailing Address)

Hampton, Georgia 30228

Daytime Telephone: 202-225-5901

Filer Status	[X] Member of the U.S. House of Representatives — State: GA District: Third	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: M Mac Collins

DATE (Month/Day/Year): May 14, 1996

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Collins Trucking Company, Inc. (Family owned business)	Advisor	13,800
	Collins Trucking Company, Inc.	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael A.(Mac) Collins	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Profit Sharing Council of America	Speech	Sept. 22, 1995	1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael A.(Mac) Collins

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	E, S, P
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	RJR Nabisco Stock		X										X							X									S
	Cong. Federal Credit Union		X												X				X										
	Western Reserve IRA					N/A								N/A								N/A							
	Collins Trucking Co.,Inc.Sub-S							X					X													X			
	McIntosh State Bank		X												X					X									
	James A. Freeman (Note)		X												X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael A.(Mac) Collins

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Putnam Fund (Mutual Fund)		X										X							X									P

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SCHEDULE IV — TRANSACTIONS

Name Michael A.(Mac) Collins

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	RJR Nabisco Stock		X		07-24-95	X									
	Putnam Fund (Mutual Fund)	X			11-22-95	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	McIntosh State Bank,Jackson,GA	Demand Note			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Trucking Asso.	Jan.20-21	Wash.D.C.-Dallas TX-ATL.	Y	Y	N	N
	GA. Mining Asso.	Sept.8-10	Atlanta - Savannah GA	Y	Y	Y	N
	GA. Beer Wholesalers	June 16-18	Baltimore-Jaxville FLA	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Georgia Forestry Association
Advisor	Collins Trucking Company, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

(5) RECEIVED LEGISLATIVE RESOURCE CENTER 96 MAY 14 PM 1:34

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LARRY ED COMBEST
(Full Name)

1511 LONGWORTH
(Mailing Address)

202-225-4005
Daytime Telephone

WASHINGTON, D.C. 20515

HAND DELIVERED

MC
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State: TEXAS District: 19	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Larry Combest

DATE (Month/Day/Year): 5-15-1996

Name LARRY COMBEST	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	THE LEWIS LAW FIRM	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name LAUREN COMBEST

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	FEDERATED AMERICAN LEADERS FUND		X												X	X				X									P
JT	NATIONS FUND		X												X					X									
JT	FEDERAL CREDIT UNION-MONEY MARKET		X												X					X									
SP	R.R.A.		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name LARRY COMBEST

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	FEDERATED AMERICAN LEADERS	X			10-2-95	X									
JT	NATIONS FUND	X			7-3-95	X									

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Corning, Inc.		Dec. 1-3	Wash., DC - Augusta - Wash, DC	Y	Y	N	N
Assoc. Former Intelligence Officers		Nov 3-6	Wash, DC - San Francisco - Wash, DC	Y	Y	Y	1 day

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(1)

May 29, 1996

Ms. Robin Carle
Clerk of the U.S. House of Representatives
1036 Longworth H.O.B.
Washington, D.C. 20515

✓
MC

Dear Ms. Carle:

This letter is to amend my financial disclosure statement for 1995. On page 3 the Federal Credit Union-Money Market should be identified as the Wright Patman Federal Credit Union located in the Longworth House Office Building.

The spouse I.R.A. was an employee 401(K) plan my wife was enrolled in while an employee of The Lewis Law Firm and was transferred into an I.R.A. at the time she left the firm. The I.R.A. is self-directed and is invested in AIM Value Fund. It was purchased on August 10, 1995. The institution holding the account is Nations Bank, Washington, D.C. branch.

The jointly held Nations Fund mutual fund is also managed by Nations Bank, Washington, D.C. branch and was purchased in 1995.

Sincerely,

Larry Combest
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 3:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Gary A. Condit
(Full Name)

920 16th Street, Suite C
(Mailing Address)

(209) 527-1914
Daytime Telephone

Modesto, CA 95354

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Gary Condit

DATE (Month/Day/Year) 5-15-96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute (Washington, D.C.)	Speech	March 28, 1995	$2,000
	(Modesto Union Gospel Mission)			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp Stock				X								X							X									P
DC	123 Main St., Dover, Del							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Condominium					X								X										X					
	2611 Adams Mill Road, #401																												
	Washington, D.C. 20009																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gary A. Condit

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
SP, DC, JT	A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Gary A. Condit

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Fleet Mortgage, Milwaukee, WI	Mortgage on 2611 Adams Mill Rd., #401, Wash.D.C.			X							
JT	1st Interstate Bank	Credit Line			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	- Berry, Inc. 7508 E. 11th Street, Tulsa, Oklahoma
	(Spouse, Carolyn, sits on Board - no compensation)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

GARY A. CONDIT
18TH DISTRICT, CALIFORNIA

COMMITTEE ON AGRICULTURE
SUBCOMMITTEE ON DEPARTMENT OPERATIONS, NUTRITION, AND FOREIGN AGRICULTURE
RANKING MINORITY MEMBER
SUBCOMMITTEE ON RESOURCE CONSERVATION, RESEARCH, AND FORESTRY

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT
SUBCOMMITTEE ON ECONOMIC GROWTH, NATURAL RESOURCES, AND REGULATORY AFFAIRS
SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

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920 16TH STREET, SUITE C
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18TH DISTRICT
TOLL FREE
1-800-356-6424

Congress of the United States
House of Representatives
Washington, DC 20515–0518

INSIDE MAIL

May 20, 1996

1

The Clerk
U.S. House of Representatives
Legislative Resource Center
1036 Longworth House Office Building
Washington, D.C., 20515-6612

✓
MC

Dear Clerk of the House:

In my 1995 Financial Disclosure form, I inadvertently marked category VII under income on schedule III. The correct category is category IV.

In addition, on the cover page, I neglected to indicate I represent the 18th district in California.

Sincerely,

GARY A. CONDIT
Member of Congress

GAC/jm

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

HAND DELIVERED
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U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)

(6)

JOHN CONYERS JR
(Full Name)

2426 RAYBURN H.O.B
(Mailing Address)

Daytime Telephone: 202-225-5126

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State MICHIGAN District 14th	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: John Conyers Jr.

DATE (Month/Day/Year): May 15, 1996

690

Name	JOHN CONYERS JR	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	DETROIT BOARD OF EDUCATION	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash , D C	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
UNITED NEGRO COLLEGE FUND	SPEECH	JAN 16	$1,500

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Name JOHN CONYERS JR | Page 4 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	CONGRESSIONAL CREDIT UNION		X												X														
	CONGRESSIONAL CREDIT UNION (IRA)		X																		--NA--								

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	COMERICA BANK (DETROIT)	MORTGAGE ON 2727 W SEVEN										
		MILE RD, DETROIT, MI			X							
	AMERICAN SECURITY (D.C.)	PERSONAL LOAN	X									
	CONGRESSIONAL CREDIT UNION (D.C.)	PERSONAL LOAN	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	UNITED NEGRO COLLEGE FUND	JAN 15-17	DETROIT-STH CAROLINA-DETROIT	Y	Y	N	N
	FORD LINCOLN MERCURY MINORITY						
	DEALERS ASSOCIATION	JAN 27-29	DC - ORLANDO - DETROIT	Y	Y	Y	N
	KAPPA ALPHA PSI FRATERNITY INC.	AUG 9-13	DC - PHILADELPHIA - DETROIT	Y	Y	N	N

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Jerry F. Costello
(Full Name)

William B. Schaltenbrand-Accountant
(618) 398-4173
Daytime Telephone

629 Garden Blvd
Belleville, IL 62222
(Mailing Address)

Filer Status	[X] Member of the U.S. House of Representatives — State: IL District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL
X Jerry F. Costello

DATE (Month/Day/Year)
5/14/96

969

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	All earned income is from member's current employment by the U.S. Government		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jerry F. Costello

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction
	Examples: SP Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	West Pointe Bank & Trust Co. Stock - IRA			X									X							X									
SP	West Pointe Bank & Trust Co. Stock - IRA			X									X							X									
	Putnam International New Opportunities Fund - CLA - IRA		X										X						X										P
SP	Putnam International New Opportunities Fund - CLA - IRA		X										X						X										P
	State of Illinois			X									Illinois Retirement						X										
SP	State of Illinois			X									Illinois Teachers Retirement						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jerry F. Costello

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Congressional Federal Credit Union	X													X				X										
	Pilot Short-Term Diversified Asset Fund		X												X					X									
	Boatmen's Trust Company Taxable Bond Fund			X											* X	* X				** X									S
	Boatmen's First National Bank of K.C Intermediate Government Fund			X											* X	* X			** X										S
*	The Fund Generates Both Interest Income and Capital Gains or Losses																												
**	Interest Income Less Net Capital Losses																												

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SCHEDULE IV — TRANSACTIONS

Name Jerry F. Costello

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Putnam International New Opportunities Fund - CLA - IRA	X			12-18-95	X									
SP	Putnam International New Opportunities Fund - CLA - IRA	X			12-18-95	X									
	Boatmen's Trust Co. Taxable Bond Fund		X		5-15-95	X									
	Boatmen's Trust Co. Taxable Bond Fund		X		8-31-95	X									
	Boatmen's First National Bank of Kansas City Intermediate Government Fund		X		2-15-95	X									
	Boatmen's First National Bank of Kansas City Intermediate Government Fund		X		5-15-95	X									
	Boatmen's First National Bank of Kansas City Intermediate Government Fund		X		8-31-95	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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MC (Office Use Only)

Christopher Cox
(Full Name)

2402 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-5611

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 47	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Christopher Cox

DATE (Month/Day/Year) 5-14-96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Continental Airlines, Inc.	Spouse compensation	N/A
	Defense Base Closure Commission (U.S. Air Force)	Spouse compensation	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Christopher Cox | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Christopher Cox

Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	IRA: Dean Witter Liquid Asset Fund (money market account)		X										X							X									
SP	IRA: Fidelity Magellan Fund (money market account)		X										X									X							
	Dean Witter Reynolds, Inc. California Trust (money market account)						X						X										X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher Cox

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
SP	Continental Airlines, Inc. Retirement Plan			X									X									X							
	Calvert Tax-Free Reserves (money market account)					X																	X						
	MFS Int. Income Fund		X																	X									
	AZ Trans Bd. Revenue Bonds		X																X										
	Bradenton FL Utilities Bonds			X															X										
	Clark County NV School Dist. Bonds			X															X										
	GA Muni. Electric Authority Bonds			X															X										
	GA Muni. Electric Authority Ser. B			X															X										
	Newmont Gold Co. Common Stock		X										X						X										
	Rubbermaid Common Stock		X										X							X									
	Thermo Instrument Sys. Common Stock			X															X										
SP	Homestake Mining		X																										

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SCHEDULE IV — TRANSACTIONS

Name Christopher Cox

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	N/A															

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Chapman University
Cong. Advisory Board	Leadership Institute
Cong. Advisory Board	Citizens Against Government Waste
Advisory Board	Center for Security Policy
National Advisory Board	Childhelp USA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1998 22-642 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Cong. Advisory Board	Victims of Communism Memorial Foundation
Cong. Advisory Board	Spirit of America (formerly Council for American Security)
Advisory Board	Orange County YMCA
Advisory Council	Laguna Canyon Foundation
Advisory Board	National Cognitive Recovery Foundation
Advisory Director	Orange County Coast Association

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

CHRISTOPHER COX
CALIFORNIA

CHAIRMAN:
REPUBLICAN POLICY COMMITTEE

COMMITTEE ON COMMERCE
SUBCOMMITTEES
TELECOMMUNICATIONS AND FINANCE

VICE CHAIRMAN:
OVERSIGHT AND INVESTIGATIONS

CHAIRMAN:
TASK FORCE ON
BUDGET PROCESS REFORM

Congress of the United States
House of Representatives

2402 RAYBURN BUILDING
WASHINGTON, DC 20515-0547
(202) 225-5611

4000 MACARTHUR BOULEVARD
EAST TOWER, SUITE 430
NEWPORT BEACH, CA 92660
(714) 756-2244

CHAIRMAN
CONGRESSIONAL GRACE CAUCUS

VICE CHAIRMAN
CALIFORNIA TASK FORCE

May 30, 1996

(4)
✓
MC

Ms. Robin H. Carle
Clerk, House of Representatives
Legislative Resource Center
1036 Longworth Building
Washington, DC 20515-6612

Dear Ms. Carle:

Enclosed are an original and two copies of amended pages 5 and 8 to my Financial Disclosure Statement for calendar year 1995. The purpose of the amendment to page 5 is to include an "x" in the box marked "Dividends" for two assets listed on Schedule III. These boxes were inadvertently not checked on the original form. In addition, an "x" has been placed in the box marked "None - $200" under Block D, "Amount of Income," for another listed asset. The amendment to page 8 covers a travel reimbursement that was less than $250 if government travel rates are used, but $257.00 if the commercial fare is used.

In addition, to assist in your review, I can clarify that the Homestake Mining Common Stock listed on Schedule III was a 1995 inter vivos gift to my wife from her father. Because it is a gift from a relative, it does not appear on Schedule VII, pursuant to applicable instructions.

Sincerely,

Christopher Cox
U.S. Representative

CCC:ljh

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Christopher Cox
(Full Name)

2402 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-5611

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 47	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Christopher Cox

DATE (Month/Day/Year) 5-30-96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher Cox

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
SP	Continental Airlines, Inc. Retirement Plan			X									X									X							
	Calvert Tax-Free Reserves (money market account)					X							X										X						
	MFS Int. Income Fund		X										X							X									
	AZ Trans Bd. Revenue Bonds		X																X										
	Bradenton FL Utilities Bonds			X															X										
	Clark County NV School Dist. Bonds			X															X										
	GA Muni. Electric Authority Bonds			X															X										
	GA Muni. Electric Authority Ser. B			X															X										
	Newmont Gold Co. Common Stock		X										X						X										
	Rubbermaid Common Stock		X										X							X									
	Thermo Instrument Sys. Common Stock			X															X										
SP	Homestake Mining Common Stock		X																X										

This page may be copied if more space is required.

Name	Christopher Cox	Page 8 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Hubert Humphrey Institute of Public Affairs	Oct. 13-14	Wash., DC-Minneapolis-DC	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

William J. Coyne
(Full Name)

2455 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-2301

Filer Status	[XX] Member of the U.S. House of Representatives — State: PA District: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL William J. Coyne **DATE** (Month/Day/Year) 5/14/96

Name	William J. Coyne	Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	William J. Coyne	Page 3 of 3

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: William J. Coyne

Page 4 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Pittsburgh National Bank				X										X							X							
	Wright Patman Federal C.U.					X									X								X						P
	Dollar Savings Bank				X										X					X									P
	~~Mellon Bank~~																												
	PARKER/HUNTER			X											X					X									P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name William J. Coyne

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								

This page may be copied if more space is required.

Name William J. Coyne | Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	YMCA of Pittsburgh
Board Member	Flax Trust
Board Member	Duquesne University Beard Center for Leadership in Ethics Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

WILLIAM J. COYNE
PENNSYLVANIA
14TH DISTRICT

COMMITTEE ON
WAYS AND MEANS
SUBCOMMITTEE:
TRADE
COMMITTEE ON
THE BUDGET

COLEMAN J. CONROY
ADMINISTRATIVE ASSISTANT

HAND DELIVERED

WASHINGTON OFFICE:
2455 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3814
(202) 225-2301

DISTRICT OFFICE:
2009 FEDERAL BUILDING
1000 LIBERTY AVENUE
PITTSBURGH, PA 15222
(412) 644-2870

Congress of the United States
House of Representatives
Washington, DC 20515-3814

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96 MAY 30 PM 4:42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 29, 1996

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✓
MC

The Honorable Robin H. Carle
Clerk U.S. House of Representatives
Office of the Clerk
Office of Records and Registration
1036 Longworth House Office Building
U.S. House of Representatives
Washington, D.C. 20515

Dear Ms. Carle:

This letter constitutes a clarification of my Financial Disclosure Statement for Calendar Year 1995.

Under "Preliminary Information" the answer to question III is yes.

Under Schedule III: The Asset: U.S. Treasury Note. Parker Hunter is a brokerage firm located at 600 Grant Street, Suite 3100, Pittsburgh, PA 15219. The Value of Asset: Category C. The Transaction: purchase of a U.S. Treasury note.

Under Schedule IV-Transactions: the asset: U.S. Treasury note. Type of Transaction: Purchase. Date: 6-9-95. Amount of Transaction: C.

With all best wishes, I am,

Sincerely yours,

William J. Coyne

William J. Coyne
Member of Congress

WJC/ccj

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 3:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Robert E. Cramer, Junior
(Full Name)

417 Eustis Avenue
(Mailing Address)

Huntsville, Alabama 35801

Daytime Telephone: 202-225-4801

Filer Status	[x] Member of the U.S. House of Representatives	State: Alabama District: 5th	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Robert E. Cramer

DATE (Month/Day/Year) May 15, 1996

Name Robert E. Cramer, Junior | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Easy Street Investment Co., Inc. Huntsville, Alabama (1 share)		X													X					X								
	AL State Employees Deferred Income Account (Montgomery, AL)Invested in:		X													X					X								
	Nationwide Fixed Annuity																												
	Massacusetts Fixed Annuity																												
	Money Market Account, Southtrust Bank Huntsville, Alabama			X											X					X									
	1212 Locust Avenue, Huntsville, AL					X								X							X								P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Robert E. Cramer, Junior

Page 3 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	1212 Locust Avenue, Huntsville, Alabama	x			8-14-95				x						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Southtrust Mortgage (Huntsville, Alabama)	Mortgage on 1212 Locust Ave. Huntsville, Alabama			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board member (unpaid)	National Center for Missing and Exploited Children Arlington, Virginia

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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(1)

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Philip Miller Crane
(Full Name)

233 Cannon Building
(Mailing Address)

Wasinoton, DC 20515

Daytime Telephone
202-225-3711

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 8	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Philip M. Crane **DATE** (Month/Day/Year) 5/15/96

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Puerto Rico Foundation	Speech	March 7, 1995	$2,000.00
American International Group (NYC)	Speech	May 15, 1995	2,000.00
Executive Enterprises, Inc.	Speech	May 18, 1995	2,000.00
Swedish-American Chamber	Speech	Sept. 29, 1995	500.00
Japanese Women (Chicago)	Speech	October 20, 1995	2,000.00
Executive Enterprises	Speech	Nov 13, 1995	2,000.00
World Media Association	Speech	Dec. 12, 1995	2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Philip Miller Crane

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Congressional Credit Union Accts				X										X						X								
SP	First Union Natl Bank of VA Acct						X								X								X						
	TIAA/CREF (Retirement)			X															NA										
	Am Capital Govt Securities Funds (IRA)			X									X								X								
	Wellesley Income Fund (SEP-IRA)						X						X			X						* X	** X						
	Coin collection				X														X										

For additional assets and unearned income, use next page.

* capital gains income
** dividend income

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Philip Miller Crane

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	New England Life Money Market Account	X											X						X										S*
	Putnam Income Mutual Fund					X							X							X									
	Putnam Insured Mutual Fund					X							X							X									
	Nuveen Municipal Value Fund			X									X							X									
	Nuveen Quality Income Municipal Fund			X									X							X									
	MFS Municipal Income Trust			X									X							X									
	Fountain County, Indiana, Farm			X									Farm Income										X						
	Bay Oaks Development Corp. interest in 400 acres development property in McHenry, IL						X												X										
	Bay View Development Corp. interest in 130 acres development property in McHenry, IL					X													X										
	Hartford Annuity			X															X										

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*Though this was sold on May 31, 1995 (for $5,068.67), there was

SCHEDULE IV — TRANSACTIONS

Name Philip Miller Crane

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	New England Life Money Market Account		X		05-17-95	X									
	The Equitable Companies		X		05-26-95	X									

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Utah Families Foundation	Aug 20-23	Chicago-Salt Lake-Wash,DC	Y	Y	Y	N
Danny Thompson Memorial Trnamnt	Aug 23-28	Salt Lake-Sun Valley-Slt Lk	N	Y	Y	1 day
Caribbean & Latin American Action	Dec 1-4	Wash, DC-Miami-Wash,DC	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	John M. Ashbrook Center for Public Affairs, Ohio
Board of Trustees	Hillsdale College, Michigan
Trustee	Intercollegiate Studies Institute, Delaware

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO. 1996 22-642 (mac)

Use additional sheets if more space is required.

MICHAEL D. CRAPO
2n District Idaho
HOUSE REPUBLICAN LEADERSHIP
103D CLASS LEADER
DEPUTY WHIP
WESTERN UNITED STATES
REPUBLICAN POLICY COMMITTEE
BEEF CAUCUS CO CHAIRMAN
CONGRESSIONAL RURAL CAUCUS
CONGRESSIONAL SPORTSMEN'S CAUCUS
CONGRESSIONAL WATER CAUCUS

Congress of the United States
House of Representatives
Washington, DC 20515–1202

COMMERCE COMMITTEE
SUBCOMMITTEES
COMMERCE, TRADE, AND HAZARDOUS MATERIALS
ENERGY AND POWER
OVERSIGHT AND INVESTIGATIONS
AGRICULTURE COMMITTEE
SUBCOMMITTEES
RESOURCE CONSERVATION, RESEARCH, AND FORESTRY
DEPARTMENT OPERATIONS, NUTRITION, AND FOREIGN AGRICULTURE

May 15, 1996

HAND DELIVERED

96 MAY 15 PM 5:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
RECEIVED
LEGISLATIVE RESOURCE CENTER

Mr. Charles Willoughby
Committee on Standards of Official Conduct
Room HT2
US House of Representatives
Washington, DC 20515-6328

RE: Financial Disclosure Statement for Calendar Year 1995, Form

Dear Mr. Willoughby:

This will confirm our telephone conversation of May 14, 1996 concerning the Financial Disclosure Statement required of me for calendar year 1995. As I explained to you, I have entered into an agreement relating to the management of my KEOUGH account, which will blind me from the management of the account. As you recall, you discussed this matter with attorney John G. Simmons, as we were putting together the documentation for this agreement. The agreement is between myself, Branch-Cabell and Company, (who will manage the assets), and the trustee of my KEOUGH account. The KEOUGH account is formally named the Holden, Kidwell, Hahn and Crapo, P.L.L.C. Money Pension Purchase Plan Trust (Plan No. 001, EIN: 82-0127480.)

Pursuant to this agreement, I have been blinded to the assets of the KEOUGH account, which are managed by Branch-Cabell and Company. In the year 1995 assets from the KEOUGH account were transferred into the management of Branch-Cabell and Company. These transactions have been identified in Schedule IV. You advised that I need not specifically identify the above reference agreement in Schedule IX, since it does not fit the definition there included. If the agreement should be identified in Schedule IX, please notify me and I will gladly do so.

I would appreciate it if you would review this filing carefully to assure that it complies with the reporting requirements. Please contact me with any questions you may have so that I can assure a proper filing.

☐ WASHINGTON, DC
437 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-6531

☐ 304 NORTH 8th STREET
ROOM 325
BOISE, ID 83702
(208) 334-1953

☐ 2539 CHANNING WAY
SUITE 330
IDAHO FALLS, ID 83404
(208) 523-6701

☐ FEDERAL BUILDING
250 SOUTH 4th, ROOM 220
POCATELLO, ID 83201
(208) 236-6734

☐ 628 BLUE LAKES BLVD., NORTH
TWIN FALLS, ID 83301
(208) 734-7219

As you indicated, for the 1995 report the box on Page 1 dealing with Accepted Trusts should be marked "NO", since the transfers occurred in this case during calendar year 1995. In calendar year 1996, I will have no knowledge of the management of these assets and will then mark the trusts question in the "YES" box.

Thank you again for your attention to this matter.

Best wishes.

Very truly yours,

Mike Crapo

Michael D. Crapo
Member of Congress

MDC/amb

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE REFERENCE CENTER
96 MAY 15 PM 5:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Congressman Michael D. Crapo
(Full Name)

437 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-5531

Filer Status	[X] Member of the U.S. House of Representatives — State ID District 2nd	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Mike Crapo

DATE (Month/Day/Year): 5-15-96

Name	MICHAEL D. CRAPO	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Holden, Kidwell, Hahn & Crapo (Law Partnership)	Non-Employee Compensation(Buy-Out)	$1711.37

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MICHAEL D. CRAPO

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	321 2nd St. SE Washington, DC						X							X										X					
JT	Holden, Kidwell, Hahn, & Crapo Partnership Interest		X												X				X										S(Paid Out)
JT	Undivided Minority Interest In 359 acres, Ranch land, Fremont ID		X											X					X										
JT	Medical and Professional Credit Union Accounts					X									X							X							
JT	Key Bank of Idaho checking Account		X												X					X									
JT	Idaho State Retirement Plan		X												NOT APPLICABLE														

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL D. CRAPO

Page 3 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
JT	Merrill Lynch CMA Money Fund			X									X								X								
JT	CIPSCO Inc. Illinois Common Stock		X										X						X										
JT	Merrill Lynch World Income Fund		X										X						X										
JT	Idaho Falls, ID Electric Bonds		X												X					X									
JT	Unit JMB Hawaii, Limited ~~Partnership~~		X												X				X										
JT	IRA: TIGR PRINE Series 23, 0%		X												X				X										
JT	IRA: Merrill Lynch Retirement Reserve Money Fund		X										X						X										
JT	IRA: Merrill Lynch World Income Fund for Tomorrow, Class D		X										X							X									
JT	IRA: Merrill Lynch World Income Fund for Tomorrow, Class A		X										X							X									
JT	IRA: Merrill Lynch Income Realty ~~Partnership VI-LP-86~~	X													X				X										
DC	Merrill Lynch Basic Value Fund Class A		X										X							X									
DC	Merrill Lynch Fund For Tomorrow Class D		X										X						X										
JT	PAB Oil & Mining, INC.	X											X						X										
JT	Frontier Energy Corp.	X											X						X										
JT	Investment Development Corp.	X											X						X										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL D. CRAPO

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
JT	KEOUGH: Loan made to Michael D. Crapo & Susan D. Crapo			X											X							X							
JT	KEOUGH: Cash and Money Market Fund		X												X					X									
JT	KEOUGH: Branch - Cabell Account				X									Unknown									X						

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name MICHAEL D. CRAPO

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
JT	Holden, Kidwell, Hahn, & Crapo Partnership Interest			X Paid Out	1-10-95	X									
JT	KEOUGH: FORD CAP BV 9.125%		Transferred to Branch-Cabell and Co. for management under Rules as excepted trust.	X	5-19-95	X									
JT	KEOUGH: Allwaste, Inc. Common Stock			X	5-19-95	X									
JT	KEOUGH: Chrysler Corp. ~~Common Stock~~			X	5-19-95	X									
JT	KEOUGH: Genzyme Corp. Common Stock			X	5-19-95	X									
JT	KEOUGH: Matrix Pharmaceutical, INC. Common Stock			X	5-19-95	X									
JT	KEOUGH: Spaghetti Warehouse, INC. Common Stock			X	5-19-95	X									
JT	KEOUGH: Sterile Concepts Holdings, INC. Common Stock			X	5-19-95	X									
JT	KEOUGH: Unisys Corp. Common Stock			X	5-19-95	X									
JT	KEOUGH: Pilgrim Regal BK SHS Mutual Fund			X	5-19-95	X									
JT	KEOUGH: West One Bank Common Trust KA		X		1-04-95		X								
JT	KEOUGH: SEI Cash Money Market	X			1-04-95		X								
JT	KEOUGH: SEI Cash Money Market	X			1-11-95	X									
JT	KEOUGH SEI Cash Money Market		X		5-12-95		X								

This page may be copied if more space is required.

Name MICHAEL D. CRAPO

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Prudential Home Mortgage	Mortgage on 321 2nd St. SE Washington, DC					X					
JT	West One Bank as KEOUGH Plan Trustee ~~HKHC, for Michael D. Crapo~~	Loan from KEOUGH Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nuclear Energy Institute	June 8-9	Wash., DC-Las Vegas-Sun Valley	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-92	Michael D. Crapo and Holden, Kidwell, Hahn & Crapo (Law Partnership)	Buy-out of interest in Partnership; including deferred compensation for work performed prior to election to Congress, and continued participation in KEOUGH Account managed for the Partnership.

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

747

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 2:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Frank A. Cremeans
(Full Name)

3417 Neighborhood Road
(Mailing Address)

614-446-8725
Daytime Telephone

Gallipolis, Ohio 45631

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 6	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Frank Cremeans

DATE (Month/Day/Year) 5/15/96

Name Frank A. Cremeans

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cremeans Concrete & Supply Co., Inc., Gallipolis, Ohio	Salary	1,400
	Cremeans Concrete & Supply Co., Inc., Gallipolis, Ohio	Spouse Salary	N/A
	Holzer Medical Center, Gallipolis, Ohio	Spouse Salary	N/A
	Stonecrest Motel	Spouse's Business	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Frank A. Cremeans

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Sagen Int'l, Mutual Fund		X										X							X									
JT	Stellar Fund, Mutual Fund		X										X							X									
JT	MFS Fund, Mutual Fund			X									X								X								
JT	Investment Co. of American, Mutual Fund		X										X							X									
JT	Franklin Utilities, Mutual Fund		X										X							X									
JT	Cremeans Concrete & Supply Co.,Inc							X					X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frank A. Cremeans

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Star Bank, Gallipolis, OH CD		X												X			X										
JT	Peoples Bank, CDs				X										X							X						
	Aetna Life Insurance		X												X			X										
JT	Star Bank, Gallipolis, OH CD			X											X				X									
JT	Star Bank, Gallipolis, OH CD			X											X					X								
SP	1/2 Interest in Rental House Gallipolis, Ohio 45631			X										X					X									
SP	Ralph Martin Co., Stock					X							X					X										
	Lincoln Nat'l Life, IRA			X											X			N/A										
SP	Lincoln Nat'l Life, IRA			X											X			N/A										
	Ohio Valley Bank, IRA		X												X			N/A										
SP	Ohio Valley Bank, IRA		X												X			N/A										
	Star Bank, IRA		X												X			N/A										
SP	Star Bank, IRA		X												X			N/A										
JT	Delaware Group		X										X						X									
	30 Acres, Gallia County		X													X		X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frank A. Cremeans

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	22 Acres, Gallia County		X													X			X										
JT	150 Acres, Gallia County				X											X			X										
JT	45 Acres, Gallia County			X												X			X										
JT	163 Acres, Gallia County			X												X			X										
JT	5 Acres, Gallia County		X													X			X										
	3 Acres, Gallia County				X									X									X						
JT	3 Acres, Gallia County		X													X			X										
	4 Acres, Gallia County			X												X			X										
JT	34 Acres, Gallia County			X												X			X										
JT	36 Acres, Gallia County				X											X			X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frank A. Cremeans

Page 6 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
DC	Ohio Valley Bank, Savings & CD		X												X					X										
	Advest IRA/Advest		X										X							X										
SP	Advest IRA/Advest		X										X							X										

This page may be copied if more space is required.

Name Frank A. Cremeans

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Cremeans Concrete & Supply Co., Inc.	Demand Note				X						
JT	Star Bank	Demand Note/Campaign & Pers.			X							
JT	Ohio Valley Bank	Demand Note/Campaign			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Frank A. Cremeans	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Cremeans Concrete & Supply Co., Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

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Steven B. Chapman
Certified Public Accountant

1128 Jackson Pike Gallipolis, Ohio 45631 614-446-4639

(1) HAND DELIVERED

May 22, 1996

✓ MC

Clerk, US House of Representatives
Office of Records & Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Ref: Congressman Frank A. Cremeans

Dear Sir Or Madam,

I prepared the "United States House of Representative's Financial Disclosure Statement for Calendar Year 1995". When preparing that report, I omitted one item on Schedule III.

Since Congressman Cremeans and his wife, Carol, gifted The Ohio Valley Banc Corp stock to their children on July 18, 1995, prior to year end, and since that transaction generated no consideration, I did not list it on the report. However, the stock did generate dividend income of $285.87; and, therefore, should have been listed. The value of the asset was between $1,000 and $15,000. The dividend was between $201 and $1,000.

If you have any additional questions concerning the disclosure statement, please feel free to call my office at 614-446-4639.

Sincerely,

Steven B. Chapman, CPA

SBC/lmc

I fully concur with the above information. If there are any questions concerning this amendment, please feel free to call my office at 202-225-5705 or my CPA at 614-446-4639.

Sincerely,

Frank A. Cremeans

FAC/lmc

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1994

FORM A
For use by Members, officers, and employees

Barbara Lynn Cubin
(Full Name)

1600 N. Oak #1805 — 202-225-2311
(Mailing Address) — Daytime Telephone

Arlington, VA 22209

MC HAND DELIVERY
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: WYOMING District: AT LARGE	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Barbara L. Cubin

DATE (Month/Day/Year) 5-15-96

Name Barbara L. Cubin | Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Fred W. Cubin, M.D.	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Barbara L. Cubin

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Franklin Federal Tax Free Mutual Fund				X						X								X								
	Casper Mountain Land				X												X										
	Garfield Peak Land					X											X										
	Shearson Daily Dividend			X							X							X									
	State Street Mutual Fund			X							X								X								
	Income Fund of America			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barbara L. Cubin

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	Toys R Us			X							X							X									
	Cascade International			X							X							X									
	Smith Barney			X							X							X									
	Pacific Corp			X							X							X									
	Smith, Barney, Shearson Bonds			X									X					X									

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Jun. 6. 1996 1:26PM No. 5016 P. 1/1

BARBARA CUBIN
FOR ALL WYOMING
COMMITTEE:
RESOURCES, VICE CHAIR
SUBCOMMITTEES:
PARKS, FORESTS AND LANDS
ENERGY AND MINERAL RESOURCES
COMMITTEE:
SCIENCE
SUBCOMMITTEES:
ENERGY AND ENVIRONMENT
TECHNOLOGY
DEPUTY WHIP

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515–5001

WYOMING OFFICES:
100 EAST B STREET
SUITE 4003
CASPER, WY 82601
(307) 261-6595
FAX: (307) 261-6597

2016 FEDERAL BUILDING
CHEYENNE, WY 82001
(307) 772-2595
FAX: (307) 772-2597

2515 FOOTHILL BOULEVARD
SUITE 204
ROCK SPRINGS, WY 82901
(307) 362-4689
FAX: (307) 362-4697

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✓
MC

June 6, 1996

The Honorable Robin Carle
Clerk of the House
1036 Longworth
Washington, DC 20515

Dear Ms. Carle,

In reviewing my 1995 financial disclosure form I note that I inadvertently left out two items of information that should be included. Please accept this letter as an amendment to my Financial Disclosure Statement for Calendar Year 1995 that I dated and signed on May 15, 1996.

First of all, I would like to point out that even though the form I filed reads "1994" at the top, the information in the form reflects, as the date at the bottom indicates, my disclosure for calendar year 1995.

Under Schedule III - Assets and "Unearned" Income please add the following item under Asset and/or Income Source in Block A: Norwest Bank, Casper, WY.

Under Value of Asset, Block B, mark an "X" under section B, $1001 - $15,000.

For Type of Income, Block C, please mark an "X" under the section entitled "Interest".

Finally, under the Amount of Income in Block D, mark an "X" under $201 - $1000.

Next please note the following liability under Schedule V - Liabilities section of the report. A loan type of liability to Creditor, Norwest Bank in the amount of $15,001 - $50,000. Although that is fully paid off as of the date of filing, it was owed at one point during the reporting period.

Thank you for your assistance in keeping the records as accurate as possible on this matter.

Sincerely,

Barbara Cubin

Barbara Cubin
Member of Congress

BARBARA CUBIN
FOR ALL WYOMING
COMMITTEE
RESOURCES, VICE CHAIR
SUBCOMMITTEES
PARKS, FORESTS AND LANDS
ENERGY AND MINERAL RESOURCES
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Congress of the United States
House of Representatives
Washington, DC 20515–5001

WYOMING OFFICES
100 EAST B STREET
SUITE 4003
CASPER, WY 82601
(307) 261-5595
FAX: (307) 261-5597

2015 FEDERAL BUILDING
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(307) 772-2595
FAX: (307) 772-2597

2515 FOOTHILL BOULEVARD
SUITE 204
ROCK SPRINGS, WY 82901
(307) 362-4095
FAX: (307) 362-4097

HAND DELIVERED

1

MC

June 6, 1996

The Honorable Robin Carle
Clerk of the House
1036 Longworth
Washington, DC 20515

Dear Ms. Carle,

In reviewing my 1995 financial disclosure form I note that I inadvertently left out two items of information that should be included. Please accept this letter as an amendment to my Financial Disclosure Statement for Calendar Year 1995 that I dated and signed on May 15, 1996.

First of all, I would like to point out that even though the form I filed reads "1994" at the top, the information in the form reflects, as the date at the bottom indicates, my disclosure for calendar year 1995.

Under Schedule III - Assets and "Unearned" Income please add the following item under Asset and/or Income Source in Block A: Norwest Bank, Casper, WY.

Under Value of Asset, Block B, mark an "X" under section B, $1001 - $15,000.

For Type of Income, Block C, please mark an "X" under the section entitled "Interest".

Finally, under the Amount of Income in Block D, mark an "X" under $201 - $1000.

Next please note the following liability under Schedule V - Liabilities section of the report. A loan type of liability to Creditor, Norwest Bank in the amount of $15,001 - $50,000. Although that is fully paid off as of the date of filing, the highest amount owed during the reporting period should have been disclosed in the amount of $15,001-$50,000. Box C should have been marked.

Thank you for your assistance in keeping the records as accurate as possible on this matter.

Sincerely,

Barbara Cubin

Barbara Cubin
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 21 AM 9:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

ELIJAH E. CUMMINGS
(Full Name)

2014 MADISON AVENUE, BALTIMORE, MD 21217
(Mailing Address)

(202) 225-4741
Daytime Telephone

MC MAY 15 1996 (7)
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State: MD District: 7TH	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

N.B. SEE ALSO – CANDIDATE REPORT DATED 3/5/96

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** N/A	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** N/A	Yes ☐	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? 1995 **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Elijah E. Cummings

DATE (Month/Day/Year) 5-13-96

Name: ELIJAH E. CUMMINGS

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF MARYLAND	MD. DELEGATE SALARY	$28,840
	ELIJAH E. CUMMINGS, P.A.	SALARY	$38,600
	BALTIMORE COUNTY SCHOOLS	SPOUSE SALARY	$67,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ELIJAH E. CUMMINGS | Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	ALGER FUND SM. INVEST PORTF		X										X						X										S
	2014 MADISON AVE, BALT., MD				X									X								X							
	2225 ST. PAUL ST, BALT, MD				X											X						X							S
JT	5800 LEITHWALK, BALT., MD				X														X										
	ELIJAH E. CUMMINGS, P.A.			X									X											X					
	ALGER SM. FUND CAPITAL		X										X						X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELIJAH E. CUMMINGS

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
SP	FIRST FINANCIAL FCU		X												X				X										
SP	JOHN ALDEN LIFE INS. ANNUITY		X												X				X										
SP	KEMPER MUTUAL FUNDS		X										X						X										
SP	CHUBB LIFE INS. ACCT.		X										X						N/A										
SP	PIONEER II FUND		X										X			X			X										
SP	PIONEER CAPITAL GROWTH FUND		X										X			X			X										
SP	WESTERN RESERVE LIFE INS		X												X				X										
	PUTNAM GLOBAL GROWTH F.												X						X										S

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SCHEDULE IV — TRANSACTIONS

Name: ELIJAH E. CUMMINGS | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	ALGER FUND SM. INVEST PORTF.		X		11/22/95	X									
	PUTNAM GLOBAL GROWTH FUND		X		11/25/95	X									
	ALGER SM. FUND CAPITALIZATION		X		11/22/95	X									
	~~PUTNAM GLOBAL GROWTH FUND~~		~~X~~		~~11/25/95~~	~~X~~									

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Name ELIJAH E. CUMMINGS | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	HARBOR BANK, BALT., MD	PERSONAL LOAN	X									
	INTERNAL REVENUE SERVICE	BUSINESS TAX LIABILITY		X								
	IDEAL SAVINGS & LOAN	MORTGAGE-2225 ST. PAUL		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	EUBIE BLAKE CULTURAL CENTER, BALT., MD.
OFFICER	CUMMINGS & DASHIELL, BALT., MD.
DIRECTOR	BALTIMORE ZOOLOGICAL SOCIETY, BALT., MD.
DIRECTOR	LEARNING TO LEAD, INC., BALT., MD.
OFFICER	ELIJAH E. CUMMINGS, P.A.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

ELIJAH E. CUMMINGS

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Congress of the United States
House of Representatives
Washington, DC 20515

June 3, 1996

(1)
✓
MC

Hon. Robin H. Carle
Clerk of the U.S. House of Representatives
Legislative Resources Center
Room 1036,
Longworth House Office Building
Washington, D.C. 20515-6612

Re: Financial Disclosure Statement for Calendar Year 1995:
Clarification & Amendment of Schedules III & IV:
- Asset sold 1994 incorrectly reported for 1995.

Dear Ms. Carle:

Upon further review of my 1995 Financial Disclosure Statement, mailed to your office on May 13, 1996, I have determined that the references on Schedules III & IV to "Putnam Global Growth Fund" were inaccurately reported for calendar year 1995, since this asset was actually sold November 25, 1994.

Please treat this letter of clarification as an Amendment of my 1995 Financial Disclosure Statement.

Thank you for your assistance.

Respectfully submitted,

Elijah E. Cummings

Elijah E. Cummings, M.C.
7th Congressional District
State of Maryland

EEC: mc
C: Financial Disclosure File.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

mc

Randy "Duke" Cunningham
(Full Name)

227 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-5452

Filer Status					
	[X]	Member of the U.S. House of Representatives	State CA District 51	[ ]	Officer or Employee. Employing Office.
Report Type	[X]	Annual (May 15)	[ ] Amendment	[ ]	Termination. Termination Date.

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries of fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104)

SIGNATURE OF REPORTING INDIVIDUAL: Randy "Duke" Cunningham

DATE (Month/Day/Year): 15 May 96

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Encinitas Union School District	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Top Gun Enterprises-sole share holder	$250,001 - $500,000	Capital Gains	$5,001 - $15,000	
	Mission Valley Fed. Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
	Union Bank-Miramar-checking	$15,001 - $50,000	Interest	$201 - $1,000	
	Union Bank-Miramar-checking	$1,001 - $15,000	Interest	$1,001 - $2,500	
SP	IRA/Union Bank-Miramar	$15,001 - $50,000	Interest	$1,001 - $2,500	
	IRA/Union Bank-Miramar	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Note secured by deed of trust located at Elsworth/parcel #386-410-28 Debtor Calvin Goad	$50,001 - $100,000	Interest	$5,001 - $15,000	
DC	Union Bank-Savings Accnt.	$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

DC	Union Bank-Savings Accnt.	$1,001 - $15,000	Interest	$1 - $200	
JT	580 Camino De La Reina #229, San Diego, CA	$100,001 - $250,000	Rent	$5,001 - $15,000	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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mc
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(10)

Pat Danner
(Full Name)

1323 Longworth Building
Washington, D. C. 20515
(Mailing Address)

202-225-7041
Daytime Telephone

Filer Status	[x] Member of the U S House of Representatives	State: MO District: 6th	[ ] Officer or Employee — Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year): May 15, 1996

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Name	Pat Danner	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AETNA (Spouse-Annuity)	TWA Retirement	N/A
	State of Missouri	Legislative Pension	11,509.51

For payments to charity in lieu of honoraria, use Schedule II.

Name	Pat Danner	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1994	$500
The Tobacco Institute, Washington, D. C.	Speech	June 20, 1996	2,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P S E
SP	Examples: SP Mega Corp Stock				X								X							X									P
DC	Examples: 123 Main St., Dover, Del							X						X											X				
JT	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
JT	Prairie View Car Wash 6550 NW Prairie View Rd., Kansas City, MO						X							Profits									X						
JT	Autowash #12, 2610 NE 60th Street Gladstone, MO						X							Profits									X						
JT	Cedarwoods Apts., 206-215 W. Main Smithville, MO							X						X									X						
JT	Gragg Acres (4 lots) Highway 1 Kansas City, MO			X															X										
SP	Meadowbrook Highlands, Lot 5 N. Antioch Rd., Gladstone, MO		X																X										

For additional assets and unearned Income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Grand River Partners-Farm Bedford, MO				X								Farm		Income							X							
JT	Briarcliff Point Partners 209 NE 40th Terrace, Kansas City,					X								X								X							
JT	Ventures North, Inc.-I-35 & North Brighton, Kansas City, MO					X								X								X							
JT	Barclay Place Development Co.-Barry Rd & N. Troost, Kansas City, MO			X															X										
JT	Macon County Farm (40 acres) Macon, MO			X									Farm		Income						X								
JT	Carroll County Farm (250 acres) Hale, MO				X								Farm		Income				X										
JT	Duplex-3403 North Washington Kansas City, MO				X									X					X										
SP	Members America Credit Union, IRA						X								X							N/A							
JT	Members America Credit Union, IRA		X												X					X									
SP	Edward D. Jones , Money Market Acct						X								X							N/A							
SP	AHM (Managament Co.) LLC		X										Profits									X							P
SP	* Brookshire II LLC (Land Development)			X															X										P
SP	* KC Super 8 LLC (Commercial Ground)					X													X										P
	* NOTE--Under Construction																												
JT	Livingston County Farm				X								Farm		Income							X							

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SCHEDULE IV — TRANSACTIONS

Name: Pat Danner

Page 6 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	AHM (Management Co.) LLC	X				X									
	Brookshire II LLC (Land Development)	X					X								
	KC Super 8 LLC (Commercial Ground)	X							X						

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Name Pat Danner

Page 9 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Briarcliff Points Apts.				X						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Ventures North Apts.				X						
JT	Boatmans Bank of Kansas City (1/2 interest)	Deed of Trust on Cedarwood Apts.						X				
JT	Platte Valley Bank-Smithville, MO (1/2 interest)	Deed of Trust on Prairie View Car Wash			X							
JT	Boatmans Bank of Kansas City (1/2 interest)	Deed of Trust on Autowash #12				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	-

Use additional sheets if more space is required.

Name Pat Danner

Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	First Missouri Savings Bank, Brookfield, MO (1/2 interest)	Deed of Trust on Livingston County Farm			X							
JT	Cameron Savings & Loan, Cameron, MO (1/2 interest)	Deed of Trust on Carroll County Farm		X								
JT	Cameron Savings & Loan, Cameron, MO (1/3 interest)	Deed of Trust on Duplex 5403 N. Washington, Kansas City, MO		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name Pat Danner | Page 9 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			NONE				

This page may be copied if more space is required.

Name Pat Danner	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 14 PM 4:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

9

HAND DELIVERED

Thomas M. Davis III
(Full Name)

3304 Juniper Way, Falls Church, VA 22042
(Mailing Address)

Daytime Telephone 202 225-1492

MC (Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: Virginia District: 11	☐ Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Thomas M. Davis III

DATE (Month/Day/Year) 5-14-96

Name Thomas M. Davis III | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Davis and Hall	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute	Speech	April 4, 1995	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas M. Davis III | Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Virginia State Public School Authority Bonds			X											X								X						
	Black and Decker Corp. stock					X							X						NA										
	Fairfax County Public Improvement Bonds			X											X								X						
	Charles Schwab Tax-Exempt Money Fund					X									X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Davis III

Page 5 of 9

	SP DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
1		Savings Accounts – First Union Bank – Fairfax, Virginia		X												X					X									
2		Town House – 4559 King Edward Court, Annandale, VA					X								X									X						
3		401 K Plan, PRC, Inc.					X							NA									X							
4		401 K Plan Deferred Compensation – Fairfax County, Virginia				X								NA									X							
5		Oceana Property – Virginia Beach, VA			X										X					X										

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Davis III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	NA															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Virginia Bank, Falls Church, VA	Mortgage on 4559 King Edward Court, Annandale, VA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NA	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Jewish Committee	Aug. 19-27	Wash., D.C. - Tel Aviv, Israel - Washington, D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NA	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NA	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

John Nathan Deal
(Full Name)

8805 Skitts Mountain Road — 770-983-9877
(Mailing Address) — Daytime Telephone

Lula, Georgia 30554

Filer Status	[X] Member of the U.S. House of Representatives	State: Georgia District: 09	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Nathan Deal

DATE (Month/Day/Year) May 15, 1996

Name	John Nathan Deal	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hall County Board of Education, Gainesville, Georgia	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	John Nathan Deal	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Nathan Deal

Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Note Receivable- Chas. D. & Norma Matthews - ½ interest			X											X								X						
	½ interest - 212 Green Street Gainesville, GA Building						X							X										X					
JT	Rental House - 8811 Skits Mt. Rd. Lula, GA			X										X								X							
	10% interest - Banks Land Ltd. Limited Partnership		X										X		X	X				X									
	IRA 1st National Bank Gainesville, GA				X										X							X							
SP	IRA- 1st National Bank Gainesville, GA		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Nathan Deal

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	IRA- Community Bank & Trust Cornelia, GA		X										X							X									
	IRA - Lanier National Bank Gainesville, GA		X												X					X									
	IRA - Bank South Gainesville, GA			X											X						X								
SP	IRA - Bank South Gainesville, GA			X											X						X								
	Wachovia Corp Stock		X										X							X									
	1st National Bancorp Stock		X										X							X									
	1st National Bank Acct		X																										
	Wachovia Bank Acct		X																										
	N. GA. Farm Credit Stock		X										X								X								
	Congressional Federal Credit Union		X												X				X										
	Recovery Services Inc. - Stock			X									X						X										
	GA Department of Revenue- tax refund	X																											
	Internal Revenue Service - refund		X																										
	Thrift Savings Program			X									X		X						X								

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SCHEDULE IV — TRANSACTIONS

Name John Nathan Deal

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	½ int. 20.77 acres - Hall Co., GA	X			12-95					X (assumption of debt of Recovery Services Inc.)					

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Name John Nathan Deal | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	1st National Bank, Gainesville, GA	Mortgage on 212 Green St.	X									
	Wachovia Bank, Gainesville, GA	Mortgage on 212 Green St.	X									
	Gainesville Bank & Trust, Gainesville, GA	Secured Note	X									
	Gainesville, Bank & Trust, Gainesville, GA	Recovery Services Inc.-notes						X				
	Ford Motor Credit	Recovery Services Inc - note		X								

(continued, page 8)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Georgia First Bank - Gainesville, GA	Recovery Services Inc.-note		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	GA Branch - Associated General Contractors	Nov.4-5	Atlanta-Palm Beach,FL-Atl.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Deal & Jarrard - Real Est. Partnership
Sec/Treas.	Recovery Services, Inc.
Limited Partner	Banks Lands, Ltd.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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(9)

Peter A. DeFazio
(Full Name)

2134 RHOB
(Mailing Address)

202 225 6416
Daytime Telephone

Washington D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives	State: OR District: 4	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Peter A. DeFazio

DATE (Month/Day/Year): 7 May 96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. GOVERNMENT	SELF SALARY	
	CITY OF EUGENE OR	Spouse SALARY	
	UNIVERSITY OF OREGON	Spouse SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: DeFazio

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X														
SELF	FERS DEFERRED COMP. ACCT					X																N/A							MONTHLY CONTRIBUTION
SELF	IRA SELF DIRECTED, BIDWELL CANYON		X												X	X				X									
SP	IRA BERGER 100 FUND			X											X	X					X								MONTHLY CONTRIBUTION
SP	BERGER 100 FUND		X												X	X				X									"
SP	DEFERRED COMP VALIC		~~X~~	X																	N/A								"
SP	DEFERRED COMP PEBSCO		~~X~~	X																	N/A								"

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
Self	IRA Details (Bidwell Co)																												
d	QMS (Stock)	X																	X										
ep	Money Market	X														X			X										
g	Bell Sports (Stock)	X																	X										
L	Crabbe Huson Fund		X																	X									
Self	Oakmark Fund		X										X			X				X									
Self	Dominion Resources Stock		X										X		X					X									Monthly Purchase 1/1 – 8/1
	Customer Purchase Plan																												

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SCHEDULE IV — TRANSACTIONS

Name DeFazio

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SELF	DOMINION RESOURCES STOCK	X			MONTHLY CUSTOMER PURCHASE PLAN 1/1-8/1	X									
SP	BERGER 100 FUND	X			MONTHLY PAYROLL DEDUCTION	X									
SP	BERGER 100 IRA SELF DIRECTED	X				X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Countrywide Funding	1/2 Interest Mortgage 53880 Pinegrove Rd La Pine OR		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Brotherhood of Carpenters & Joiners	9/25-9/26	Pelno OR - Las Vegas - Washington DC	Y	Y	N	N

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Name	DeFazio	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(3)

RECEIVED
96 MAY 15 PM 3:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

E (Kika) de la Garza
(Full Name)

1401 Longworth House Office Building
(Mailing Address)

202/225-2531
Daytime Telephone

Washington, D C 20515

Filer Status	X Member of the U.S. House of Representatives	State Texas District 15th	Officer or Employee	Employing Office
Report Type	X Annual (May 15)	Amendment	Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	No X	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	No X	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes X	No
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	No X
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	No X	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	No X	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Eligio de la Garza II

DATE (Month/Day/Year) May 15, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name E (Kika) de la Garza

Page 2 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wright Patman Federal C.U.				X										X					X									
	IRA - Washington Federal		X												X					X									
	County & Municipal Employees Credit Union		X												X					X									
	Texas Regional BancShares			X									X							X									

For additional assets and unearned income, use next page.

Name E (Kika) de la Garza | Page 2 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Beekeeping Federation, Inc	Jan 20-22	Wash,DC-Austin-Wash,DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICIAL MAIL HOUSE CENTER
96 MAY 15 PM 4:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(10)

Rosa L. DeLauro
(Full Name)

49 Huntington St.
(Mailing Address)

New Haven, CT 06511

Daytime Telephone
(202) 225-3661

HAND DELIVERED
mc
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL Rosa L. DeLauro

DATE (Month/Day/Year) May 15, 1996

Name Rosa L. DeLauro	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Greenberg Research, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Rosa L. DeLauro | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rosa L. DeLauro

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Political Properties General Partnership (30% Owner)					X							Partnership Statement I						Income X										
SP	Greenberg Research, Inc. 4750 Shares						X						Statement II						X										
JT	Horizon Towers & Executive House (½ of 1 share own 1.2375%)			X									Statement III						Income X										
	Holding New Haven 124 Units 5 Acres																												
	Colonial Executive Limited Partnership																												
SP	Merrill Lynch Profit Sharing Greenberg Research, Inc.					X							X						N/A										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
SP	TIAA/CREF Pension Plan				X								X						N/A										
	TIAA/CREF Pension Plan				X								X						N/A										
JT	Sequoia National Bank Washington, D.C.		X												X					X									
JT	Fleet Bank - Savings Connecticut		X												X					X									
	Ted DeLauro Scholarship Fund Fleet Bank		X												X														
	Following assets in Joint name with my mother, Louisa DeLauro, for estate planning purposes only. Assets are under control of and all income is reported by joint tenant Louisa DeLauro.																												
	1. Savings Account				X										X					X									
	2. Franklin Federal Tax Free Fund		X										X							X									
	3. Dreyfus Capital Value Fund		X										X						X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Rosa L. DeLauro

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	NONE														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Sequoia National Bank	Mortgage on rental property 515 2nd St., NE, Wash. DC 20002				X						
SP	Colorado Student Loan - UNIPAC	Parent-Student College Loan PO Box 1649, Denver, CO 80201	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College - Yale University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 4
Political Properties General Partnership

D.C. Assessed Value = $555,000; 30% share $166,500.
No net income

Statement II, Schedule III, Page 4
Greenberg Research, Inc.

Shares value based on net book value of incorporation at 12/31/95.

Statement III, Schedule III, Page 4
Colonial Executive Limited Partnership (Ownership share = 1.2375%)

Assessed value $3,045,000 * .012375 share = $37,682 (gross value)
Letter from attorney setting out outstanding mortgage and resale value; net value = 0

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(1)

RECEIVED
LEGISLATIVE INFORMATION CHARGE CENTER
96 MAY 15 PM 1:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Thomas Dale DeLay
(Full Name)

H 107 The Capitol
(Mailing Address)

(202) 225 0197
Daytime Telephone

Washington D.C. 20515

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 22	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. § 104).

SIGNATURE OF REPORTING INDIVIDUAL Thomas D. DeLay

DATE (Month/Day/Year) 5/15/96

Name Thomas Dale DeLay | Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Building Owners & Managers Association	Speech	January 1, 1995	$2000
RJR Nabisco Washginton, D.C.	Speech	March 21, 1995	$2000
The Fay Improvement Company	Speech	April 4, 1995	$2000
Preston Gates Ellis & Rouvelas Meeds	Speech	July 11, 1995	$1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas Dale DeLay | Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples.* SP Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
S	Exxon				X								X								X								
JT	Albo Pest Control					X							X											X					

For additional assets and unearned income, use next page.

Name	Page ___ of ___
Thomas Dale DeLay	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
David K, Rehr/ Arlington' VA	Whip framed with plaque for Whip Office	$480;73

Use additional sheets if more space is required.

Name Thbmas Dale DeLay | Page ___ of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	Aug.15 23	Wash D.C. Israel Egypt - Wash D.C.	Y	Y	Y	N
	Eagles	Oct 15	Houston Dallas Houston	Y	Y	Y	N

This page may be copied if more space is required.

Name Thomas Dale DeLay	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	ARMPAC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO. 1996 22–542 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(2)

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Ronald V. Dellums
(Full Name)

2108 Rayburn HOB
(Mailing Address)

Daytime Telephone
Washington, D. C. 20515 202-225-2661

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office. ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date. ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Ronald V. Dellums

DATE (Month/Day/Year) 5/15/96

TOM DeLAY
TEXAS

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Washington, DC 20515-6503
(202) 225-0197

One Hundred Fourth Congress
U.S. House of Representatives
Office of the Majority Whip

HAND DELIVERED

1

MC

June 10, 1996

Clerk of the House
U.S. House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Robin:

In reviewing my Financial Disclosure Form for calendar year 1995, it has come to my attention that on Schedule VI, I listed a gift of a whip plaque given to me by my personal friend of several years, Mr. David Rehr. The plaque has a value of $480.73. I was unaware of the value of this gift until preparing my financial statement in May.

Mr. Rehr presented me with the gift on the basis of a personal friendship upon the occasion of my election to House Majority Whip in January of 1995. I was unaware that I was prohibited from receiving this gift as it was provided to me on the basis of personal friendship and was commemorative in nature. I returned the whip-plaque to Mr. Rehr on June 9, 1996 and am in the process of requesting a waiver from the Committee on Standards.

Please treat this letter as an amendment to my financial disclosure statement for calendar year 1995.

Sincerely,

Tom DeLay

Tom DeLay
Majority Whip

TD/rha

Name Ronald V. Dellums	Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Washington & Christian	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Peter Russell Deutsch
(Full Name)

PO Box 817689
(Mailing Address)

Hlwd, Fla. 33081

305-937-3936
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: Florida, District: 20	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Peter Deutsch

DATE (Month/Day/Year): 5/13/96

Name Peter Deutsch | Page 2 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	National Cable Television Association	Seminar	5/7/95	$1500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Peter Deutsch

Page 3 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	4350 Pine Island Rd., Davie, Fla.					X																							
	Smith Barney Acct, Ft. Lauderdale, Fla.		X												X							X							
JT	Merrill Lynch Acct, Sunrise, Fla.		X												X					X									
	Sunrise, Florida, Mortgage					X									X						X								P
	IRA - Smith Barney Money Funds		X												X				1/1										
	IRA - New American High Income Fund		X										X		X	X			1/1										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Deutsch

Page 4 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	IRA - Pilgrim Prime Rate Fund		X										X		X	X			2/4										
	IRA - Van Kampen Merrit		X												X				1/4										
	IRA - Van Kampen Merrit LTD/Intrg		X										X		X	X			1/4										
	IRA - Zenith Income Fund		X										X		X	X			1/4										
	IRA - Tiger Sis			X											X	X			1/4										
	IRA - John Hancock Special Opportunities Fund		X										X		X	X			1/4										P
	IRA - GT Global Health Care		X										X		X	X			1/4										
	IRA - GT Global Telecommunications		X										X		X	X			1/4										
	IRA - Oppenheimer High Yield Fund			X									X		X	X			1/4										
	Thrift Savings Plan - C - Fund			X									X		X	X			1/4										P
	1st Union CD; Miami, Fla.			X											X						X								
	CD, Suncoast Savings, Hlwd., Fla.		X												X				X										P
DC	Smith Barney Act.; Ft. Lauderdale, Fla.		X												X						X								
DC	Mortgage, 312 NW 47th Ave, Plan., Fla.			X											X						X								
DC	Mortgage, Sunrise, Fla.				X										X				X	X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Deutsch

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
DC	4350 S. Pine Island Rd, Ft. Lau.			X															X										
DC	T. Rowe Price, Balanced Fund		X										X		X	X				X									
SP	Food Quest Entertainment Networks Inc.		X										X			X			X										P
SP	Information Management Technologies		X										X			X			X										P
SP	Video Update Inc.		X										X			X			X	X									P/S
SP	Gencorp, Inc.	X																		X									S
SP	IRA - Chesapeake Factoring Inc.		X										X			X			X/A										P
SP	IRA - Health & Retirement Properties		X										X			X			X/A										P
SP	IRA - IVAX		X										X			X			X/A										
SP	IRA - Medicis Pharmaceutical Corp		X										X			X			X/A										P
SP	IRA - Stryker Corp		X										X			X			X/A										
SP	IRA - Top Source Technologies		X										X			X			X/A										P
SP	IRA - GT Global Telecommunications		X										X			X			X/A										
SP	Telechips Corps WTS	X														X					X								P/S
	950 S Flamingo Rd, Davie, Fla. (trees)		X													X			X										

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SCHEDULE IV — TRANSACTIONS

Name Peter Deutsch | Page 6 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	IRA – John Hancock Special Opportunities Fund	X			10/3/95	X									
SP	Food Court Entertainment Networks Inc.	X			10/11/95	X									
SP	Food Court Entertainment Networks Inc.	X			11/13/95	X									
SP	Information Management Technologies	X			12/13/95	X									
SP	Sepragen Corp	X			7/10/95	X									
SP	Sepragen Corp		X		10/25/95	X									
SP	Telechips	X			10/26/95	X									
SP	Telechips		X		11/10/95	X									
SP	Video Update Inc.	X			5/8/95	X									
SP	Video Update Inc.		X		10/20/95	X									
SP	Gencorp, Inc.		X		5/8/95	X									
SP	Gencorp, Inc.		X		7/10/95	X									
SP	Zenith		X		7/10/95	X									
SP	IRA – Cheesecake Factory Inc.	X			7/10/95	X									
SP	IRA – Cheesecake Factory Inc.	X			12/20/95	X									
SP	IRA – Health & Retirement Properties	X			12/20/95	X									

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SCHEDULE IV — TRANSACTIONS

Name Peter Deutsch

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	IRA – Medicis Pharmaceutical Corp	X			12/20/95	X									
SP	IRA – Top Source Technologies Inc	X			12/20/95	X									
SP	IRA – GT Global Telecommunications		X		7/21/95	X									
SP	IRA – Gencorp Inc		X		7/10/95	X									
SP	IRA – Toys R US		X		1/17/95	X									
SP	IRA – Video Updates Inc.		X		8/2/95	X									
SP	IRA – Video Updates Inc.	X			5/17/95	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Phillip Morse, N. Miami Beach, Fla.	Paintings (waiver received from Committee on Standards)	$500

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Cable Television Association	5/7/95	Miami—Dallas—Miami	N	Y	N	N
	American Israel Education Foundation	5/28–6/5	Miami—Tel Aviv—Miami	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Jewish Federation of Ft. Lauderdale

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 1:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Lincoln Diaz-Balart
(Full Name)

8525 N.W. 53rd Terrace, Miami, FL 33166
(Mailing Address)

(305) 470-8555
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: FL District: 21	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 14, 1996

Name	Page 2 of 9
Lincoln Diaz-Balart	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The Partners Financial Group, Inc. Miami, FL	spouse salary	NA
	Krismar International, Inc.	spouse commission	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Lincoln Diaz-Balart	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1994	$500
CBS, "The Late Late Show", Los Angeles, CA	interview	May 4, 1995	$250
American Maritime School, Dania, FL	speech	June 23, 1995	$1000

This page may be copied if more space is required.

Name Lincoln Diaz-Balart

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X							X									P
	123 Main St., Dover, Del.								X						X											X				
	1st Bank of Paducah, KY accounts						X									X						X							
JT	6920 SW 94th Avenue Miami, FL 33173 (and personal possessions)							X																					
JT	900 N.Stafford St., Arl., VA (and personal possessions)						X																						
	Fidelity Puritan Fund (IRA)			X										X		X				N/A		– IRA							
	The New England (life insur. policy)			X										X							X								
SP	Paine Webber (self-directed IRA)			X												X					X								
SP	Phillips Petroleum (common Stock)		X											X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lincoln Diaz-Balart

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Lincoln Mark VII (car) 1988		x																										
SP	Citibank Savings Account			x											x					x									

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SCHEDULE IV — TRANSACTIONS

Name Lincoln Diaz-Balart

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Republic Bank	Mortgage 6920 SW 94 Ave. Miami, FL33173				X						
JT	GMAC Mortgage	Mortgage 900 N.Stafford Arl., VA			X							
JT	Barnett Bank	Line of Credit	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
N/A		

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

LEGISLATIVE RESOURCE CENTER
96 MAY 30 AM 10:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

LINCOLN DIAZ-BALART
21ST DISTRICT, FLORIDA
COMMITTEE ON RULES
COMMITTEE ON HOUSE OVERSIGHT
COMMITTEE ON INTERNATIONAL RELATIONS
(SENIORITY RETAINED)

PLEASE REPLY TO:
☐ WASHINGTON OFFICE
431 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–0921
(202) 225–4211
☐ DISTRICT OFFICE
8525 N.W. 53RD TERRACE
SUITE 102
MIAMI, FL 33166
(305) 470–8555

Congress of the United States
House of Representatives
Washington, DC 20515–0921

May 29, 1996

HAND DELIVERED

1

✓ MC

Mrs. Robin Carle
Clerk of the House
U.S. House of Representatives
1036 Longworth Building
Washington, D.C. 20515

Dear Mrs. Carle:

In reviewing my 1995 financial disclosure statement, it has come to my attention that I should include a roll-over of funds in one self-directed IRA at Morgan Stanley held by my spouse to another self-directed IRA at Paine Webber. This transaction took place on February 16, 1996 and should be listed in category "B". The underlying assets in this self-directed IRA at Paine Webber are entirely in Phillips Petroleum common stock valued at category "B" and cash also valued at category "B".

Please treat this letter as an amendment to my 1995 financial disclosure.

Should you have any additional questions, please contact me immediately.

Sincerely,

Lincoln Diaz-Balart

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 22 AM 9:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 15 1996
(Office Use Only)

Jay W. Dickey, Jr.
(Full Name)

#47 Southern Pines, Pine Bluff, AR 71603 (202) 225-3772
(Mailing Address) Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State: ____ District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year): 5/12/96

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jay W. Dickey, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Mega St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wal-Mart Stores, Inc. Stock						X						X									X							
DC	Wal-Mart Stores, Inc. Stock					X							X							X									
DC	Wal-Mart Stores, Inc. Stock					X							X							X									
	Dickey Real Estate, P.A. Stock							X					X						X										
	GRQ, Inc. Stock							X					X											X					
	Fig, Inc. Stock	X												X							X								S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay W. Dickey, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Rah Rah, Inc. Stock	X																	X										
	JWDJR, Inc. (Condray)	X																	X										S
	Note Rec - Condray Sign & Adv., Inc.	X													X								X						
	Note Rec - Dickey Real Estate, P.A.				X										X							X							
	Note Rec - G-RQ, Inc.					X									X								X						
	Note Rec - Fig, Inc.	X													X				X										
	Metropolitan Life Insurance Annuity		X												X						X								
	Self-Directed IRA - Boatmen's			X									X		X				X										
	Leasehold Interest in Cottage Ludington, Michigan					X								X									X						
	Land located at 2nd + Olive Streets Pine Bluff, Arkansas					X								X										X					
	1.09 acres lot Blake + Mitchell Streets Pine Bluff, Arkansas					X													X										
	1.82 acres lot Blake + Mitchell Streets Pine Bluff, Arkansas					X								X										X					
	Residential Rental Property 5/2 W. 27th, Pine Bluff, Arkansas			X										X							X								
	1/4 Interest Land + Bldg 5th + Walnut, Pine Bluff, Arkansas				X									X									X						
	1/6 Interest Land 9 acres Jefferson County, AR		X																X										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay W. Dickey, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	1/4 Interest Land 60 acres Jefferson County, AR			X															X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Jay W. Dickey, Jr

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–95		X								
	Fig, Inc.		X		09-25-95		X								
	Condray Sign + Advertising Co., Inc.		X		09-01-95			X							
DC	IGI, Inc	X			01-15-95	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Betty C. Dickey, Pine Bluff, Arkansas	Mortgage on 2710 Olive, Pine Bluff			X							
	Betty C. Dickey, Pine Bluff, Arkansas	Unsecured Note		X								
	GRQ, Inc., Pine Bluff, Arkansas	Unsecured Note						X				
	Simmons First Nat'l Bank, Pine Bluff, AR	Line of Credit - Secured by Mortgage on 208 E. 5th, Pine Bluff			X							
	Dickey Real Estate, P.A. Pine Bluff, AR	Unsecured Note									X	

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Juanita Davis, Pine Bluff, Arkansas	Mortgage on 512 W. 27th, Pine Bluff	X									
	Boatmen's	Line of Credit			X							
DC	Mc Ilroy Bank & Trust, Fayetteville, AR	Mortgage on 1520 W. Maple Fayetteville, Arkansas			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Excludes: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	McKee Foods Corporation	08/04/95	Pine Bluff, AR—Gentry, AR—Pine Bluff, AR	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position *	Name of Organization
Director	Dickey Real Estate, P.A.
Director	JWDJR, Inc. (Condray)
Director	Fig, Inc.
Director	GRQ, Inc.

* Note: None of these directorships are compensated positions

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1998 22–642 (mac)

Use additional sheets if more space is required.

JAY DICKEY
4TH DISTRICT, ARKANSAS

COMMITTEE
APPROPRIATIONS

SUBCOMMITTEES
AGRICULTURE
TRANSPORTATION
LABOR—HHS—ED

BOB BROOKS
CHIEF OF STAFF

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PINE BLUFF, AR 71601
(501) 536-3376
(800) 223-2220
FAX: (501) 536-4058

HOT SPRINGS
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SUITE 201
HOT SPRINGS, AR 71901
(501) 623-5800
(800) 541-8385
FAX: (501) 623-5383

Congress of the United States
House of Representatives

June 5, 1996

Honorable Robin H. Carle
Clerk of the House
Room H-154, The Capitol
Washington, D.C. 20515-6601

(1) VIA PAGE
✓
MC

Dear Ms. Carle:

Please accept this letter as an amendment to my 1995 Financial Disclosure Statement.

On page three, under assets, Self-Directed IRA-Boatmen's is listed in the range of $15,001 to $50,000. It should be noted that Boatmen's Bank is the successor in interest to Worthen National Bank. The underlying asset in this IRA is common stock in Wal-Mart Stores, Inc., just as was listed on my 1994 Financial Disclosure Statement.

On page six, under liabilities, Dickey Real Estate, P.A. is listed in category "J" inadvertently. The amount of the liability is the same as was listed on my 1994 Financial Disclosure Statement. The correct category for this liability is "F", ranging from $250,001 to $500,000.

I appreciate your assistance with this request.

Sincerely yours,

Jay Dickey

brb

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

(6)

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REP NORMAN D. DICKS
(Full Name)

2467 RAYBURN HOB
(Mailing Address)

WASHINGTON DC 20515

Daytime Telephone: 202-225-5916

Filer Status	[X] Member of the U.S. House of Representatives	State: WA District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Norman D. Dicks

DATE (Month/Day/Year): 15 May 1996

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CIVIC SERVICE INC	SPOUSE SALARY	
	US CAPITOL HISTORICAL SOCIETY	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT MERRILL LYNCH MUNICIPAL BOND FUND AND BASIC VALUE FUND, VIENNA, VA	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
JT 924 SHOREWOOD DR,BREMERTON,WA	$50,001 - $100,000	Rent	$5,001 - $15,000	
SP MASSACHUSETTS MUTUAL LIFE INS,SPRINGFIELD,MA IRA	$1,001 - $15,000	NA	NA	
MASSACHUSETTS MUTUAL LIFE INS,SPRINGFIELD,MA IRA	$15,001 - $50,000	NA	NA	
SP ALLIANZ LIFE INS OF NORTH AMERICA,MINNEAPOLIS,MN IRA	$1,001 - $15,000	NA	NA	
ALLIANZ LIFE INS OF NORTH AMERICA,MINNEAPOLIS,MN IRA	$1,001 - $15,000	NA	NA	

Name REP. NORMAN D. DICKS | Page 4 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	NATIONAL BANK OF BREMERTON,BREMERTON,WA	$1,001 - $15,000	Interest	$201 - $1,000	
DC	SOUTHWEST SECURITIES INC, DALLAS,TX INHERITANCE	$1,001 - $15,000	Interest	None - $200	
SP	MERRILL LYNCH CASH MANAGEMENT FUND VIENNA, VA INHERITANCE	$50,001 - $100,000	Dividends	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	MERRILL LYNCH MUNICIPAL BOND FUND AND BASIC VALUE FUND, VIENNA, VA	Sold	2-16-95	$1,001 - $15,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
NORTHWEST FORESTY ASSOCIATION	4-12-95	SEATTLE,WA-PORTLAND,OR-	N	Y	N	NO
SPEECH		SEATTLE,WA				
ASIA PACIFIC EXCHANGE FOUNDATION	8-8-95 TO	WASHINGTON, DC -CHINA-	Y	Y	Y	NO
	8-21-95	SEATTLE,WA FOR MEMBER				
FACT FINDING CULTURAL -- EXCHANGE		SPOUSE RETURN TO DC				
PROGRAM		APPROVED BY USIA AND MECEA				
		REASON FOR WAIVER OF 7 DAYS				
BATTELLE	9-16-95 TO	WASHINGTON,DC-COLUMBUS,OH	Y	Y	Y	NO
FACT FINDING RESEARCH FACILITIES	9-17-95	WASHINGTON,DC				
NATIONAL SECURITY PROGRAMS						

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(14)

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JOHN D. DINGELL
(Full Name)

2328 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-4071

Filer Status	[X] Member of the U.S. House of Representatives	State: Michigan District: 16th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X] No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: John D. Dingell

DATE (Month/Day/Year): May 15, 1996

870

Name	JOHN D. DINGELL	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Motors Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 1 of 1
John D. Dingell	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
National Food Processors Association	Speech	May 4, 1995	$1,000
Executive Enterprises	Speech	May 18, 1995	$2,000
International Climate Change Partnership	Speech	May 22, 1995	$1,000
Congressional Roundtable	Speech	May 25, 1995	$2,000
National Association of Boards of Pharmacy	Speech	Oct. 2, 1995	$750
Detroit Academy of Orthopaedic Surgery	Speech	Oct. 9, 1995	$500
Executive Enterprises	Speech	Nov. 14, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: JOHN D. DINGELL

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples.	SP	Mega Corp. Stock			X								X							X								P
DC			123 Main St., Dover, Del.						X						X										X				
JT			1st Bank of Paducah, KY accounts				X									X						X							
	See attached sheets																												

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name JOHN D. DINGELL

Page 1 of 3

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	See attached sheets															

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FINANCIAL DISCLOSURE STATEMENT FOR 1995

SCHEDULE IV - TRANSACTIONS

	Asset	Type of Transaction	Date	Amount
S	Darden Restaurants	stock split	05/02/96	B
S	UTS GMAC Def Int Deb Principl	purchase	05/02/95	C
	Adams Express Co. Maryland	purchase	09/25/95	C
	FPA Capital Fund	purchase	12/06/95	B
		purchase	06/07/95	B
		purchase	07/14/95	B
	Fannie Mae Remic GTD Trust 1992-44	purchase	02/07/95	B
	Davis New York Venture Fund	purchase	12/07/95	B
	Seligman Frontier	purchase	02/06/95	B
	UTS Uncommon Value UT #95-A	purchase	07/06/95	B
	High Income Opportunity Fd Inc	purchase	01/13/95	B
	Saloman Bros Fund Inc	purchase	09/25/95	B
JT	Dodge and Cox Stock Fund	purchase	07/03/95	B
	Heartland Value Fund	purchase	01/27/95	B
JT	Mutual Qualified	purchase	02/07/95	B
		purchase	07/03/95	C
			07/31/95	B
	Mutual Shares	purchase	03/15/95	B

FINANCIAL DISCLOSURE STATEMENT FOR 1995

TRANSACTIONS

	Asset	Type of Transaction	Date	Amount
S	PBHG	purchase	01/16/95	B
JT	Smith Barney Appreciation Fund CL A	sale	02/06/95	C
	Allied Capitol Corporation II Maryland	sale	01/30/95	B
	Gabelli Equity Trust Inc	sale	09/25/95	B
	Intl Business Machines Corp	sale	09/12/95	B
	Sears Cr Account Tr	matured	08/25/95	B
	UTS Uncommon Values UT #93-A	sale	06/16/95	B
	Evergreen Funds	sale	06/26/95	C
	Woolworth Corp	sale	03/10/95	B
	Mobil Stocks	sale	05/18/95	less than $1000
	US Series H Bond	sale	02/27/95	B
	Selected American Shares	sale	02/03/95	C
	Gabelli Global Multimedia Tr Inc	sale	08/11/95	B

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
JT	Smith Barney Appreciation Fund CL B	B	dividends capital gains	II	
JT	Smith Barney Money Funds, Inc. Cash Portfolio CL A	B	dividends capital gains	II	
	Balcor Pensions	not valued	other income	II	
	Smith Barney Appreciation Fund CL A	C	dividends capital gains	III	S
	Allied Cap Coml Corp	B	dividends	III	
	America First Finl Fund 1987-A Ltd Partnership Ben Unit CT F	B	other income * unable to determine from statement whether interest or dividend	II	
	Bergstrom Cap Corp	B	dividends capital gains	II	
	Boeing Co	B	dividends	I	
	GTE Corp	B	dividends	II	
	Gabelli Equity Trust Inc.		dividends	I	S
	Int'l Business Machines Corp		dividends	I	S

FINANCIAL DISCLOSURE STATEMENT FOR 1995

SCHEDULE III - ASSETS AND 'UNEARNED INCOME"

	Asset	Value	Type	Income Amount	Transaction
	Washington Real Est Inv Tr Sbi	B	dividends	II	
	Morgan JP & Co Inc. Zero Cpn	C		none	
	Sears Cr Account Tr 1990-C	B	interest	II	matured 8/25
	Vista Mut Fd Group Growth & Income Fd	C	dividends capital gains	III	
JT	Vista Mutual Fund Group Cap Growth Fund	C	dividends capital gains	III	
	UTS Uncommon Value UT #93-A Sr Fr Undiv Int		dividends	I	S
JT	Nicholas Fund, Inc. (IRA)	C	dividends capital gains	IV	
JT	Acorn Funds	C	dividends	III	
	Evergreen Funds		dividends	II	S
JT	Lindner Dividend Fund Inc.	C	dividends capital gains	III	
JT	CGM Mutual Fund	B	dividends	II	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
	Gabelli Asset Fund	B	dividends capital gains	II	
JT	First Union Bank	E	interest	III	
S	National Bank of Detroit	B	interest	I	
	Mobil Stocks		dividends	I	S
	Woolworth Corp		dividends	I	S
	Municipal Bonds Oakland County, MI	B	interest	II	
JT	Smith Barney Aggressive Growth Fund CL A	B	dividends capital gains	III	
S	Crystal Brands	unpriced		none	
S	General Electric Co	B	dividends	I	
S	General Mills Inc.	B	dividends	II	
S	General Motors Corp	D	dividends	I	
S	General Motors Corp CL E	B	dividends	I	
S	General Motors Corp CL H	B	dividends	I	

FINANCIAL DISCLOSURE STATEMENT FOR 1995

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
S	K Mart Corp	A	dividends	I	
S	Marsh & McLennon Cos Inc	B	dividends	II	
S	Pepsico Inc	C	dividends	II	
S	Praxair Inc	B	dividends	I	
S	Proctor & Gamble Co	B	dividends	I	
S	Union Carbide Corp	B	dividends	I	
S	Unisys Corp	A		no income	
	US Series H Bonds		interest	I	S
JT	Congressional Federal Credit Union	A	interest	I	
S	General Motors Deferred Savings Program	F			
S	General Motors Pension	N/A as pension is vested No actual value can be fixed			
S	Gabelli Value Fund Inc	B	dividends capital gains	III	
	GAM International Fund	B	dividends	II	
	Smith Barney World Funds Inc International Equity Port CL C	B	dividends capital gains	I	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

	Asset	Value	Type	Income Amount	Transaction
	UTS Uncommon Value UT #94-A Series	B	dividends	I	
JT	Crabbe Huson Special Fund	C	dividends capital gains	III	
JT	Smith Barney Aggressive Growth Fund CL B	A	dividends capital gains	I	P
S	Darden Restaurants (split with General Mills, Inc. shares)	B	dividends	I	stock split 5/95
S	UTS GMAC Def Int Deb - Principl	C		no income	P
	Adams Express Co Maryland	B	dividends capital gains	III	P
	FPA Capital Fund	B	dividends capital gains	III	P
	Fannie Mae Remic GTD Trust 1992-44	B	interest	II	P
	Davis New York Venture Fund	B		no income	P
	Seligman Frontier	B	capital gains	II	P

FINANCIAL DISCLOSURE STATMENT FOR 1995 John D. Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME page 7

	Asset	Value	Type	Income Amount	Transaction
	UTS Uncommon Value UT #95-A	B	dividends	I	P
	High Income Opportunity Fd Inc.	B	dividends capital gains	II	P
	Saloman Bros Fund Inc	B	dividends capital gains	III	P
JT	Dodge and Cox Stock Fund	B	dividends capital gains	II	P
	Heartland Value Fund	B	dividends capital gains	II	P
JT	Mutual Qualified	C	dividends capital gains	IV	P
	Mutual Shares	B	dividends capital gains	II	P
S	PBHG	B	dividends capital gains	none	P

Name	JOHN D. DINGELL	Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Greater Detroit Chamber of Commerce	May 31 - June 3	Detroit-Mackinac Island -Detroit	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

JULIAN C. DIXON
(Full Name)

2252 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-7084

Filer Status: [X] Member of the U.S. House of Representatives — State: CA District: 32nd; [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15); [ ] Amendment; [ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) 5/15/96

Name JULIAN C. DIXON

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Mir Kanon/Peideau, Inc., Los Angeles, CA	Spouse Salary/ Director Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JULIAN C. DIXON

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Industrial Bank of Wash.,DC		X										X							X									
SP	Mir Kanon/Peideau, Inc.						X						X													X			
	(8.6% Int.)	(Good faith est. based on dividends)																											
	Merrill Lynch Money Mkt.						X								X								X						
	(Cash Acct) IRA-MLPFS-self (not self dir.)			X									X								X								
	IRA-MLPFS-spouse (not self directed)			X									X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JULIAN C. DIXON

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Queen City Bank - shares			X															X										
	1299 Delaware Ave,SW,Wash.DC					X								X									X						
	Fidelity Fed.Bank, Culver City, CA - CDs & checking			X											X							X							
	5 rare coins		X																X										
	Concourse Gift & News, Inc.			X															X										
	T Rowe Price GNMA Mutual Fund	X													X				X										
	Note on 5709 Canterbury Dr., Culver City, CA (former personal residence)		X												X						X								
	Lanta Concessions, Inc.						X												X										
	8701 Chessington Dr., Inglewood, CA					X													X										

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Nationwide	Mortgage on 1299 Delaware Ave, SW, Wash.DC				X						
	Glendale Federal, Glendale, CA	Mortgage on 8701 Chessington Dr.				X						
		Inglewood, CA										
	Loan against ML Money Market Cash Account Assets	Home Improvement			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Joint Center for Political & Economic Studies
Vice President (spouse)	Peideau, Inc.
President (spouse)	Concourse Gift & News Inc.
VP/Secretary (spouse)	Lanta Concessions, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Lloyd Doggett
(Full Name)

300 East 8th St.
(Mailing Address)

Austin TX 78701

Daytime Telephone: 202-225-4865

Filer Status	[X] Member of the U S House of Representatives	State: TX District: 10	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lloyd Doggett

DATE (Month/Day/Year): May 15, 1996

890

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pensio	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Educatio	Spouse Salary	NA
	The Arc of Texas	Spouse Salary	N/A
	Supreme Court of Texas, Austin TX	December 1994 Salary	$7436.60

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Peoria, IL accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
6734 Spicewood Springs, Austin, Texas	$250,001 - $500,000	Rent	$15,001 - $50,000	Property acrea increased by gi from Parents.
Lohmans Ford Crossing Rd., Travis County, TX	$15,001 - $50,000		None	
1510 Ullrich, Austin, TX (1/4)	$15,001 - $50,000	Rent	$1,001 - $2,500	
508 Gatetree, Austin, TX (1/4)	$15,001 - $50,000	Rent	$1,001 - $2,500	
Mineral Interest, McFarland Tract, Ward Co., TX	$1,001 - $15,000	Royalty	$201 - $1,000	
Great Hall Money Mkt Shares	$100,001 - $250,000	Dividends	$2,501 - $5,000	
Xerox Corp. Note Due 12/5/00	None	Interest	$5,001 - $15,000	Redemption
Maytag Corp. Note Due 7/15/99	$100,001 - $250,000	Interest	$5,001 - $15,000	
Household Fin. note due 2/15/96	$100,001 - $250,000	Interest	$5,001 - $15,000	
Franklin Federal, Austin-Savings	$100,001 - $250,000	Interest	$5,001 - $15,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples* — SP: Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
123 Main St., Dover, Del	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Peoria, IL accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Guaranty Federal, Austin-Savings	$1,001 - $15,000	Interest	$201 - $1,000	
First USA Bank, Wilmington, Del	None	Interest	$2,501 - $5,000	Matured
Boeing Co. Stock	$1,001 - $15,000	Dividends	$201 - $1,000	S
Cross Timbers Oil Stock	$1,001 - $15,000	Dividends	$1 - $200	
Enserch Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	
Farah	$15,001 - $50,000		None	Increased by inheritance
Fed. Natl. Mtg. Assn. Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	
Hewlett Packard Co. Stock	None	Dividends	$1 - $200	S
IBM Stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	P

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.		BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Peoria, IL accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	John Nuveen Co., Stock	None	Dividends	$201 - $1,000	S
	Kaneb Services Co. Stock	None		None	S
	Kirby Corp. Stock	$15,001 - $50,000		None	
	NCI Building Systems Stock	None		None	S
	Nuveen Bond Funds Shares	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Oppenheimer Multi Sector Shares	$1,001 - $15,000	Dividends	$201 - $1,000	
	Viro Group Stock	None		None	S
	Whole Foods Stock	$50,001 - $100,000		None	
	TIAA-CREF Retirement	$1,001 - $15,000	Interest	$201 - $1,000	
	Intel Corp. Stock	None	Dividends	$201 - $1,000	S

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Giddings & Lewis Inc. Stock	None	Dividends	$1 - $200	S
Trinity Inds. Inc. Stock	None	Dividends	$1 - $200	S
Evergreen Global RE Shares	$500,001 - $1,000,000	Dividends	None	
Founders Growth Shares	$100,001 - $250,000	Dividends	$15,001 - $50,000	P
Invesco Emerging Growth Shares	$15,001 - $50,000	Dividends	$201 - $1,000	P
Janus Funds Shares	$1,001 - $15,000	Dividends	$1,001 - $2,500	P
Neuberger Guardian Shares	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Price Science & Tech Shares	$100,001 - $250,000	Dividends	$15,001 - $50,000	P
Oakmark, Int. Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	P

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Twentieth Century Ultra Shares	$15,001 - $50,000	Dividends	$2,501 - $5,000	P
Strong Total Return Shares	$15,001 - $50,000	Dividends	$1,001 - $2,500	S
Strong Muni Bond Shares	None	Dividends	$5,001 - $15,000	P
Mutual Shares Fund	$15,001 - $50,000	Dividends	$5,001 - $15,000	P
Vanguard Convertible Shares	$250,001 - $500,000	Dividends	$15,001 - $50,000	P
Vanguard Equity Inc. Shares	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
Vanguard LT Corp Shares	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	P
Vanguard Trustees US Shares	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
Vanguard Int Growth Shares	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
Vanguard Wellsley Shares	$15,001 - $50,000	Dividends	$1,001 - $2,500	P

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

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Employees Retirement System TX	$15,001 - $50,000	Interest	$2,501 - $5,000	
Vanguard Trustees Int. Shares	$250,001 - $500,000	Dividends	$15,001 - $50,000	P
Charles Schwab Money Mkt Shares	$50,001 - $100,000	Interest, dividends	$2,501 - $5,000	P
Vanguard Money Mkt Shares	$1,001 - $15,000	Dividends	$201 - $1,000	P
Vanguard Municipal Bond Fund (Money Mkt)	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
Charles Schwab Tax Exempt MM	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
Chevron Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	Inheritance
Coca Cola Co. Stock	$15,001 - $50,000	Dividends	$1 - $200	Inheritance
Dnefontein Con Adr Stock	$1,001 - $15,000	Dividends	$1 - $200	"

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Exxon Corp. Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	inheritance
General Motors Stock	$1,001 - $15,000	Dividends	$1 - $200	S
National Health Labs	None	cash-in-lieu	$201 - $1,000	Inheritance, Stock Merge
Santa Fe Pacific Corp	None	cash-in-lieu	$1 - $200	Inheritance, Stock Merge
First State Bank	$15,001 - $50,000	Interest	$201 - $1,000	
Horizon Bank	$15,001 - $50,000	Interest	$201 - $1,000	
Thornburg Mtg. Asset Corp.	$15,001 - $50,000	Dividends	$2,501 - $5,000	
Mutual of America 403B	$50,001 - $100,000	Dividends	$5,001 - $15,000	P
Advanced Micro Devices	None	Dividends	$1 - $200	P, S
DSC Communications	None	Dividends		S

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	General Motors Corp	$1,001 - $15,000	Dividends	$1 - $200	P,S, Inherit
	MBNA Corp	None			S
	Merchantile Bancorp	$15,001 - $50,000	Dividends	$1 - $200	P
	Microsoft Corp	$15,001 - $50,000			P
	Motorola Inc.	$15,001 - $50,000			S
	Oracle Corp	$15,001 - $50,000			P
	Pfizer Inc.	$15,001 - $50,000			P
	Reuters Holding PLC	None	Dividends	$1 - $200	S
	Schlotzskys Inc	$1,001 - $15,000			P

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United Health Care	$1 - $1,000			S
YPF Sociedad Anonima	$15,001 - $50,000	Dividends	$201 - $1,000	P
Cypress-Frbnks TX Indep. School District Due 2/15/06	$1,001 - $15,000	Interest	$201 - $1,000	Inheritance
Fort Bend Texas Indep. School District Due 2/15/03	$1,001 - $15,000	Interest	$201 - $1,000	"
Houston TX Indep. School District Due 08/15/11	$1,001 - $15,000	Interest	$1 - $200	"
Lewisville TX Indep. School District Due 8/15/07	$15,001 - $50,000		None	"
INSD MUN INCM TR SR 86 UT SER 86 SEMI ANNU	$1,001 - $15,000	Dividends	$201 - $1,000	"
INSD MUN INCM TR SR 110 SEMI ANNUAL VAN K.	$1,001 - $15,000	Dividends	$1 - $200	"
INSD MUNI INCM TR UNIT SR 200	$1,001 - $15,000	Dividends	$201 - $1,000	"
INSD MUNI INCM TR SER 240	$1,001 - $15,000	Dividends	$1 - $200	"

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TX INSD MUNI INCM TR SER 31	$1,001 - $15,000	Dividends	$201 - $1,000	Inheritance
AT&T	$15,001 - $50,000	Dividends	$1 - $200	"
Allied Signal inc	$1,001 - $15,000	Dividends	$1 - $200	"
American Brands inc	$15,001 - $50,000	Dividends	$1 - $200	Inherited only sold 1996
Burlington NTHN Santa Fe	$1,001 - $15,000			Stock Merger
Edwards A G Inc Holding	$1,001 - $15,000			Inheritance
El Paso Electric Co	$1 - $1,000			"
General Motors Corp CL H	$1,001 - $15,000	Dividends	$1 - $200	"
General Motors Class E	$1,001 - $15,000	Dividends	$1 - $200	"

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GTE Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	Inheritance
International Paper Co.	$1,001 - $15,000	Dividends	$1 - $200	"
Johnson & Johnson	$1,001 - $15,000	Dividends	$1 - $200	"
KMart Corporation	$1,001 - $15,000	Dividends	$1 - $200	"
Lab Corp of America Hldg	$1 - $1,000	Dividends	$1 - $200	Inheritance, Stock Merger
Merck & Co. Inc.	$15,001 - $50,000			Inheritance
PPG Industries Inc	$15,001 - $50,000			"
SBC Communications	$1,001 - $15,000	Dividends	$201 - $1,000	"
Santa Fe Energy Res Inc	$1 - $1,000		None	"
Santa Fe Pacific Gold	$1,001 - $15,000	Dividends	$1 - $200	"

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WMX Technologies Inc.	$15,001 - $50,000		None	Inheritance
21.12 Acres, Northern Dona Ana Cty., N.M. 1/24 Intere	$1,001 - $15,000	Rent	$1 - $200	"
220 N. Mesa, El Paso, TX (1/12 interest)	$15,001 - $50,000	Rent	$2,501 - $5,000	"
711 N. Piedras, El Paso, TX (1/12 interest)	$1,001 - $15,000	Rent	$1,001 - $2,500	"
Congressional Federal Credit Union	$100,001 - $250,000	Interest	$2,501 - $5,000	
Belk Trust Schwab Money Funds	$100,001 - $250,000	Dividends	$201 - $1,000	Inheritance
1/12 undivided interest in note from Halim Kaileh	$1,001 - $15,000	Interest	$201 - $1,000	"
1/4 est. undivided int. in corpus of Mary S. Crowell trust	$1,001 - $15,000	Interest	$1,001 - $2,500	"
1/4 est. undivided interest in Estate of Catherine Belk	$50,001 - $100,000	Interest	$5,001 - $15,000	"
Rose Lode, NM Property	$1 - $1,000			inheritance

903

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Oakmark, Inc. Shares	Div. Reinvest	QTR	$15,001 - $50,000
	Twentieth Century Ultra Shares	"	"	$1,001 - $15,000
	Mutual Shares Fund	"	"	$1,001 - $15,000
	Vanguard Convertible Shares	"	"	$15,001 - $50,000
	Vanguard Equity, Inc. Shares	"	"	$1,001 - $15,000
	Vanguard LT Corp Shares	"	"	$15,001 - $50,000
	Invesco Emerging Growth Shares	"	"	$1,001 - $15,000
	Price Science & Tech Shares	"	"	$15,001 - $50,000
	Vanguard Municipal Bond	"	"	$15,001 - $50,000
	Vanguard Trustees US Shares	"	"	$1,001 - $15,000
	Vanguard Int Growth Shares	"	"	$1,001 - $15,000
	Vanguard Trustees Int. Shares	"	"	$1,001 - $15,000
	Charles Schwab Money Market Shares	"	"	$1,001 - $15,000
	Charles Schwab Tax Exempt MM	"	"	$1,001 - $15,000
	Evergreeen Global RE Shares	"	"	$1,001 - $15,000
	IBM Stock	"	"	$1,001 - $15,000
	Neuberger Guardian Shares	"	"	$1,001 - $15,000
	Vanguard International Growth	Purchase	94-08-02	$50,001 - $100,000
	Mutual of America 403B	Div. Reinvest.	QTR	$1,001 - $15,000
	Thornburg Mtg. Asset Corp.	Purchase	93-11-17	$15,001 - $50,000
	Advanced Micro Devices	Purchase	95-02-21	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Exemple: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Advanced Micro Devices	Sold	95-12-27	$15,001 - $50,000
	DSC Communications Corp.	Purchase	95-09-25	$15,001 - $50,000
	DSC Communications Corp.	Sold	95-12-27	$1,001 - $15,000
	General Motors Corp	Purchase	95-09-25	$15,001 - $50,000
	General Motors Corp	Sold	95-12-18	$15,001 - $50,000
	MBNA Corp	Purchase	95-06-27	$15,001 - $50,000
	MBNA Corp	Sold	95-09-13	$15,001 - $50,000
	Merchantile Bancorp Inc	Purchase	95-08-11	$15,001 - $50,000
	Microsoft Corporation	Purchase	95-06-27	$15,001 - $50,000
	Motorola Incorporated	Purchase	95-06-27	$15,001 - $50,000
	Motorola Incorporated	Sold	95-08-21	$15,001 - $50,000
	Motorola Incorporated	Purchase	95-11-29	$15,001 - $50,000
	Oracle Corp	Purchase	95-11-22	$15,001 - $50,000
	Pfizer Incorporated	Purchase	95-11-22	$15,001 - $50,000
	Reuters Holding PLC	Purchase	95-06-27	$15,001 - $50,000
	Reuters Holding PLC	Sold	95-11-20	$15,001 - $50,000
	Schlotzskys INC	Purchase	95-12-18	$1,001 - $15,000
	United Health Care Corp	Purchase	95-08-22	$15,001 - $50,000
	YPF Sociedad Anonima	Purchase	95-06-27	$15,001 - $50,000
	Boeing Co	Sold	96-11-08	$15,001 - $50,000
	Delta Air Lines	Sold	95-06-05	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Giddings & Lewis, Inc.	Sold	95-12-26	$15,001 - $50,000
	Hewlett-Packard Company	Sold	95-02-21	$15,001 - $50,000
	Intel Corp	Sold	95-07-24	$15,001 - $50,000
	John Nuveen CO	Sold	95-12-27	$15,001 - $50,000
	Kaneb Servies Inc.	Sold	95-06-05	$1,001 - $15,000
	NCI Building Systems	Sold	95-06-05	$15,001 - $50,000
	Trinity Industries Inc	Sold	95-04-07	$15,001 - $50,000
	United Health Care Corp	Sold	95-10-23	$15,001 - $50,000
	Xerox Corp	Sold	95-10-16	$50,001 - $100,000
	Fedl Natl Mtg Assn Call	Purchase	95-09-18	$1,001 - $15,000
	Intel Corp Call	Purchase	95-01-20	$1,001 - $15,000
	Microsoft Corp. Call	Purchase	95-08-18	$1,001 - $15,000
	YPF Sociedad Call	Sold	95-06-27	$1,001 - $15,000
	Trinity INDS Call	Sold	95-01-23	$1,001 - $15,000
	Boeing Co Call	Sold	95-06-02	$1,001 - $15,000
	DSC Communications Call	Sold	95-09-25	$1,001 - $15,000
	Fedl Natl Mtg Assn	Sold	95-06-02	$1,001 - $15,000
	Intel Corp Call	Sold	95-01-20	$1,001 - $15,000
	Microsoft Call	Sold	95-06-27	$1,001 - $15,000
	Microsoft Call	Sold	95-08-18	$1,001 - $15,000
	Motorola Call	Sold	95-11-29	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Microsoft Call	Sold	95-10-23	$1,001 - $15,000
	Fed Natl Mtg Assn Call	Sold	95-09-18	$1,001 - $15,000
	Advanced Micro Devices Call	Sold	95-08-10	$1,001 - $15,000
	Strong Total Return Shares	Sold	95-12-27	$50,001 - $100,000
	Santa Fe Pacific Corp	Stock Merger	95-09-22	$1,001 - $15,000
	Burlington Northern Santa Fe	Stock Merger	95-09-22	$1,001 - $15,000
	Lab Corp Amer. Hldg.	Stock Merger	95-04-28	$1,001 - $15,000
	Strong Muni Bond Shares	Sold	95-12-27	$100,001 - $250,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21-22

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware -	Mortgage on 123 Main St , Dover, Del.	$100 001 - $250,000
	Simmons 1st National Bank, Little Rock, Ark. (1/4)	Mortgage-1510 Ullrich, 508 Gatetree, Austin, TX	$50,001 - $100,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Congressional Study Group on Germany	April 15-28	US/Germany/US	Y	Y	Y	7 Days
Project Interchange	Aug. 18-Sept 4	US/Israel/US	Y	Y	Y	9 Days
National Foundation for Women Legislators, Inc.	June 9-12	US/Guatemala/US	Y	Y	Y	1 day

No public funds were used for the above educational travel, all of which complied with the terms of the subsequently enacted rule limiting receipt of gifts.

Name Lloyd Doggett	Page 21 of 21

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	Perlmutter, Marston, Jacks & Doggett
	(owns 1510 Ullrich, 506 Gatetree, Austin)

LLOYD DOGGETT
10TH DISTRICT, TEXAS

COMMITTEE ON THE BUDGET

COMMITTEE ON SCIENCE

HAND DELIVERED

WASHINGTON OFFICE
126 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-4865
DISTRICT OFFICE
763 FEDERAL BUILDING
AUSTIN, TX 78701
(512) 916-5921
INTERNET DOGGETT@HR HOUSE GOV

Congress of the United States
House of Representatives

June 13, 1996

LEGISLATIVE RESOURCE CENTER
96 JUN 13 PM 4:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(1)
✓
MC

Ms. Robin Carle
Clerk
H2222
U.S. Capitol

Dear Ms. Carle:

Please amend my 1995 Financial Disclosure report to reflect the following on Schedule IV:

1) Vanguard International Growth was erroneously listed twice as Vanguard Int. Growth Shares; the only purchase for this single mutual fund was through quarterly dividend reinvestment in the amount of $1001-$15,000.

2) Since there were no purchases or other transactions for Thornburg Mtg. Asset Corporation during 1995, it should not have been listed on Schedule IV.

3) The correct date for the sale of Boeing Co. is 95-11-08.

4) While the following assets were previously identified on Schedule III, including an indication of a purchase, they were not reflected on Schedule IV. The only purchases for each were through periodic dividend reinvestment for the following amounts:

Asset	Amount of Transaction
Founders Growth Shares	$15,001-$50,000
Janus Funds Shares	$1,001-$2,500
Vanguard Wellsley Shares	$5,001-$15,000*
Vanguard Money Mkt	$15,001-$50,000**

Your attention to this matter is appreciated.

Sincerely,

Lloyd Doggett

* This amount also represents the corrected amount of income for this fund in Schedule III.

** Some of this periodic reinvestment in dividends from the separately listed Vanguard LT Corp. Shares. Total 1995 purchases in the latter fund should be corrected to $5,001-15,000

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 4:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(9)

CALVIN MILLARD DOOLEY
(Full Name)

U.S. House of Representatives, 1227 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-3341

(Office Use Only) MANDATORY REVIEW

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 20	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Calvin Dooley

DATE (Month/Day/Year) 05/15/96

Name	DOOLEY	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Georgetown University, Washington, D.C.	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: DOOLEY

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	Dooley Farms Partnership (including equipment, crops, and leased improvements on ~~120 acres in Visalia & Tulare~~						X						Farm income											X	X	(gross) (net)			
	1/3 interest in 71 acres, Webb Ranch & McAuliffe Ave.							X								X									X			Transfer to Packwood
	1/3 interest in 71 acres, Webb Ranch & McAuliffe Ave.							X								X							X					Sale to So. CA Edison
	Dooley for Congress (loan)			X									No income						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOOLEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Congressional Federal Credit Union			X											X						X								
	CalCot Limited		X										Combined with farm income listed above																
	County Line Gin		X										Combined with farm income listed above																
	Diamond Walnut		X										Combined with farm income listed above																
	Packwood RE Partnership (25% share), 24 acres at Feemstra and McAuliffe Avenue					X							Partnership income											X					
	Packwood RE Partnership (25% share), 24 acres at Feemstra and McAuliffe Avenue			X												X								X					Lot sales
	American Funds: Europacific Growth Fund		X										X							X									
	American Funds: The Investment Company of America		X										X							X									
	American Funds: The New Economy Fund		X										X							X									
	American Funds: New Perspective Fund		X										X							X									
	American Funds: Washington Mutual Investors Fund		X										X								X								
	Packwood RE Partnership (loan)					X									None				X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name DOOLEY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	1/3 interest in 8 acres, Webb Ranch ~~and McAuliffe Avenue~~		X		10/25/95				X						
	1/3 interest in 3 acres, Webb Ranch ~~and McAuliffe Avenue~~		X		09/01/95		X								
	Sale of lots: Packwood RE Partnership		X		01/17/95-11/21/95		X								

This page may be copied if more space is required.

Name DOOLEY

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Mineral King (50% share)	Mortgage on McAuliffe and Walnut			X							
	Mineral King	Crop loan (Dooley Farms Partnership)		X								
	Case International	Tractor loan (Dooley Farms Partnership)		X								
	Visalia Community Bank (25% share)	Packwood RE Partnership development loan							X			
	Cal Ranch Co.	"		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Robert Merrill	Packwood RE Partnership development loan				X						
	Robert Schwartz	Packwood RE Partnership development loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	DOOLEY	Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	International Dairy Producers	Jan. 21-22	Wash, D.C.-Palm Springs -Wash, D.C.	Y	Y	Y	N
	National Grain and Feed Association	March 12-13	Wash, D.C.-Nashville-Wash, D.C.	Y	Y	N	N
	California Independent Petroleum Producers	May 22-23	Los Angeles-San Diego -Los Angeles	Y	Y	N	N
	Dow Elanco	May 27-28	Wash, D.C.-Indianapolis -Wash, D.C.	Y	Y	Y	N
	American Meat Institute	June 16-18	NA	Y	Y	Y	N
	California Creamery Operators Association	June 25-26	Fresno-Reno, NV-Wash, D.C.	Y	Y	N	N
	National Turkey Federation	July 9-10	NA	Y	Y	N	N
	U.S. Feed Grain Council	July 17-18	Wash, D.C.-Salt Lake City-Wash, D.C.	Y	Y	N	N
	American Crop Protection Association	Sept. 22-24	NA	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Dooley Farms Partnership (40% interest) -- see schedule III
Partner	Packwood RE Partnership (25% interest) -- see schedule III

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

ED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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HOUSE OF REPRESENTATIVES
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MC

CALVIN MILLARD DOOLEY
(Full Name)

U.S. House of Representatives, 1227 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-3341

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 20	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/16/96

Name	DOOLEY	Page 2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Woods Institute, Washington, D.C.	Spouse salary	NA
	Georgetown University, Washington, D.C.	"	"

For payments to charity in lieu of honoraria, use Schedule II.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

John Taylor Doolittle
(Full Name)

1526 Longworth House Office Building
(Mailing Address)

(202)225-2511
Daytime Telephone

Washington, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State: CA Distnct: 04	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

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SIGNATURE OF REPORTING INDIVIDUAL John T. Doolittle

DATE (Month/Day/Year) 5/15/96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Superior Lighting Concepts	Spouse Salary (Commission)	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name John T. Doolittle | Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	World Sikh Organization	Speech	June 4, 1995	$1,250
	World Sikh Organization	Speech	June 5, 1995	$1,250
	Western Regional Council	Speech	June 26, 1995	$1,000
	International Women's Friendship Council for World Peace	Speech	Sept. 30, 1995	$2,000
	Association of California Water Agencies	Speech	Dec. 1, 1995	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John T. Doolittle

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001–$2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Legislative Retirement Systems			X											NONE				X										
	American Funds Group(IRA's)			X											NONE				N/A										
	APN #54-151-31 (Nevada Co. Promissory Note)			X																		P+I X							
	APN # 54-151-34 (Nevada County)				X										NONE				X										
	APN # 54-151-34 (Water Rights)		X												NONE				X										
	Dominion Resources, Inc.		X										X						X										

For additional assets and unearned income, use next page.

Name John T. Doolittle | Page 5 of 97

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	Personal Credit		X								
	Citibank	Personal Credit	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	World Sikh Organization	June 3-6	Sacramento-Dallas-	Y	N	N	N
			Toronto & Toronto-Ot-				
			tawa- Wash., D.C.				
	Western Regional Council	June 25-26	Wash., D.C. - Salt	Y	N	Y	N
			Lake City-Wash., D.C.				
	Marcus Faust, Attorney for Central Utah Valley Tour	Aug. 13-18	Wash., D.C. - Salt Lake City (One Way Only)	Y	N	N	4 days
	International Women's Friendship Council for World Peace	Sept. 30-Oct. 1	Wash., D.C.- Los Ang.-Wash., D.C.	Y	Y	N	N
	Association of California Water Agencies	Nov. 30-Dec. 1	Wash.,D.C. - Palm Springs, CA- Wash.,D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	J-T Investments (No income in 1995)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(4)

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Robert K. Dornan
(Full Name)

1201 Longworth HOB Washington, D.C. 20515 202/225-2965
(Mailing Address) Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL R. K. Dornan

DATE (Month/Day/Year) May 15, 1996

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Cardinal Mindszenty Foundation (Sent to the Aids Foundation of St. Louis) The Aids Foundation of St. Louis 5615 Pershing Avenue St. Louis, MO 63112	Speech	March 12, 1994	$35.00
WWRC Radio (Recipient: Missionaries of Charity) 335 East 145th Street Bronx, NY 10451	Hosted Show	March 2, 1995	$280.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert K. Dorna

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Wright Patman Cong. Fed. Credit Union - Savings U.S. House of Representatives Washington, D.C. 20515		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Robert K. Dornan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Savings Withdrawl - Wright Patman Cong. Fed Credit Union	Withdrawl			(Mar,Apr, May 95)		X ($40,000.00 - Loan to Dornan for President Campaign Fund)								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Michael F. Doyle, Jr.
(Full Name)

2227 Hampton Street
(Mailing Address)

Swissvale, PA 15218

Daytime Telephone 412-244-9386

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: PENNSYLVANIA Distrct: 18TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Mike Doyle

DATE (Month/Day/Year) 5-15-96

Name	Page
Michael F. Doyle, Jr.	1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Eastgate Insurance Agency, Pittsburgh, PA	Commissions	$2,500.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 2 of 5
Michael F. Doyle, Jr.	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Penn State University - McKeesport Campus, PA	Commencement Speech	May 13, 1995	$100.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael F. Doyle, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP	Examples: SP Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	J&M Associates (50% Owner)					X													X										
JT	Monoganela Company (25% Own.)					X													X										
JT	Eastgate Insurance Ag. (45% Owner)					X															X								
	S.E.R.S.- Commonwealth of PA					X													X										

For additional assets and unearned income, use next page.

Name Michael F. Doyle, Jr. | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	PA State Employees Credit Union	Credit Union Visa	X									
JT	Travelers Bank USA	Revolving Master Card		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary/Treasurer	Eastgate Insurance Agency, Inc.
Partner	J&M Associates
Partner	Monogahela Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

DAVID T. DREIER
(Full Name)

Room 411, Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-2305

Filer Status	[X] Member of the U.S. House of Representatives	State: California District: 28th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL David Dreier

DATE (Month/Day/Year) MAY 15, 1996

Name DAVID T. DREIER	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	DAVID T. DREIER	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

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Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
International Women's Friendship Conferences - Twenty-First Century Speakers, Inc.	Speech	Feb. 5, 1995	$2,000
American Bankers Association	Speech	Feb. 18, 1995	2,000
National Association of Chain Drug Stores, Inc.	Speech	March 13, 1995	2,000
American Financial Services Association	Speech	Feb. 20, 1995	2,000
National Association of Independent Insurers	Speech	March 27, 1995	500
Morgan Stanley & Co., Inc.	Speech	April 4, 1995	1,000
International Education Foundation - Twenty-First Century Speakers, Inc.	Speech	June 16, 1995	2,000
Pacific Mutual	Speech	July 27, 1995	1,000
International Women's Friendship Conferences - Twenty-First Century Speakers, Inc.	Speech	Oct. 20, 1995	2,000
The Washington Campus	Speech	Sept. 27, 1995	500
The Washington Campus	Speech	Nov. 7, 1995	500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DAVID T. DREIER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	*Examples:* 123 Main St., Dover, Del.							X						X											X				
JT	*Examples:* 1st Bank of Paducah, KY accounts					X									X														
	Roseville Telephone Co. - Stock				X								X								X								
	IBM Corporation - Stock				X								X							X									
	Muni. Invest. Trust - 13th CA Ser.		X												X					X									
	Int.-earning checking acc't Cong. Federal Credit Union		X												X					X									
	Money Market Acc't Cong. Federal Credit Union			X											X					X									
	IRA Plan - Calvert Group			X									X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Pension Plan - 1st Union Bank			X									X							X										
	Merrill Lynch Cash Management Acc't.				X								X								X									
	1st Union Bank Money Market	X													X				X											
	The Oklahoma Publiching Co. - Stock						X						X								X									
	Borden Chemical & Plastics - Stock				X								X		X								X							
	Ross Stores, Inc. - Stock	X											X							X										S
	Property - 97 Princeton, Rancho Mirage, CA						X							X					X											
	Property - 5 Stratford, Rancho Mirage, CA						X							X									X							
	Watches & More, Inc.	X											X						X											Closed
	Mass. Mutual Life Ins. Co.				X										X				X											
	Interest-earning checking acc't 1st Interstate Bank of California	X													X				X											Closed
	N. B. Clearing Corp. - Cash	X											X						X											
	Lancaster Capital Corp. - Ltd. Ptsp.				X								X	X	X								X							
	Gaylord Entertainment Co. - Stock								X				X		X								X							
	Tiffany Manor Letd. Ptsp.									X				X	X											X			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Fairway Woods Ltd. Partnership			X										X	X				X										
	Parkway Partners, L.L.C.					X								X	X				X										

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SCHEDULE IV — TRANSACTIONS

Name DAVID T. DREIER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Ross Stores, Inc. - Stock		X		9/25/95		X								

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Name David T. Dreier | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Glendale Federal Bank	Mortgage on 97 Princeton, Rancho Mirage, California				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Lincoln Club of Northern Cal.	4/29/95	One-Way Airfare: San Francisco/ Wash, D.C.	N	N	N	N
	Women's Federation for World Peace	10/20/95	One-way airfare: Wash, D.C./Los Angeles	N	N	N	N
	Camp Ladera	7/21/95-7/23/95	Los Angeles/San Francisco	Y	Y	N	(No Transportation)

This page may be copied if more space is required.

Name	DAVID T. DREIER	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice-President	Dreier Development Company, Kansas City, Missouri
Co-Chairman of Board	Los Angeles Committee for the Homeless (Los Angeles Mission)
Secretary	The Dreier Family Foundation
Board of Trustees	Claremont-McKenna College, Claremont, California
Board Member	International Republican Institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 AM 10:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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MC
(Office Use Only)

(10)

Congr. John J. Duncan, Jr.
(Full Name)

2400 Rayburn Bldg.
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone: 202-225-5435

Filer Status	[X] Member of the U.S. House of Representatives — State: TN District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL John J. Duncan Jr. **DATE** (Month/Day/Year) 5/15/96

Name	JOHN J. DUNCAN, JR.	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
NONE			

For payments to charity in lieu of honoraria, use Schedule II.

Name	JOHN J. DUNCAN, JR.	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN J. DUNCAN, JR.

Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Cracker Barrel (stock)			X									X						X										
	Barnett Bank (IRA)(savings)		X												X					n/a									E
	First Mt. Vernon (IRA) (savings)		X												X					N/A									P/E
	Bank First (IRA)(savings)				X										X					n/a									E
dc	Baxter International(Stock)		X										X						XX										S
	First Central Bank (stock)		X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. DUNCAN, JR.

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Equipment Leasing (CD)		X												X				X										
	State of TN - pension		X													X			X										
	Bob Evans (stock)		X										X						X										
DC	McDonald Corp. (stock)		X										X						X										
DC	Chevy Chase (CD)		X												X					X									P
	Congr. Credit Union (chg)		X												X					X	X								
	(proceeds from sale STB EAST TN (ckg.) of home)					X									X					X									P
	STB EAST TN (savings bond)	X													X				X										S

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SCHEDULE IV — TRANSACTIONS

Name JOHN J. DUNCAN, JR.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Barnett Bank (IRA)			X	4-7-95	X									
	First Mt. Vernon (IRA)	X		X	5/24/95 9/22/95	X									
	Bank First (IRA)	X			9/25/95	X									
DC	Baxter International (stock)		X		3/7/95	X									
DC	Chevy Chase Bank (CD)	X			6/26/95	X									
	~~Sixx Enterprises Inc. (Bonds)~~	~~XXXX~~	~~XXXX~~	~~XXXX~~	~~XXXX~~										
	~~Sixx Enterprises Inc. (Bonds)~~	~~XXXX~~	~~XXXX~~	~~XXXX~~	~~XXXX~~ 6/95 12/95										

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Name JOHN J. DUNCAN, JR. | Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Keith McGinn, Brisbane, Austra	la picture (waiver received from Com. on Standards	uncertain. Certainly less than $500

Use additional sheets if more space is required.

Name JOHN J. DUNCAN, JR. Page 8 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Artic Power (nonprofit)	Aug 20-24	Knoxville, Anchorage, Knoxville	Y	Y	Y	N

This page may be copied if more space is required.

Name	JOHN J. DUNCAN, JR.	Page 9 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

I closed my IRA at Barnett Bank in 4/95 and opened an IRA at First Mt. Vernon in 5/95. I subsequently closed the First Mt. Vernon IRA in 9/95 and rolled this money into my existing IRA with Bank First. The value of the IRA at Bank First is accurately reflected.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(4)

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96 MAY 15 PM 3:37
OFFICE OF THE CLERK
WASHINGTON, D.C.

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MC (Office Use Only)

JENNIFER DUNN
(Full Name)

432 CANNON HOB
(Mailing Address)

WASHINGTON, DC 20515

202-225-7761
Daytime Telephone

Filer Status	☒ Member of the U.S House of Representatives	State: WASH. District: 8TH	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Jennifer B. Dunn

DATE (Month/Day/Year): MAY 15, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JENNIFER DUNN

Page 2 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	COGNATIVE ASSOC LTD RE PARTNERSHIP		X												X				X										
	BANK of AMERICA COMMON STOCK		X										X						X										
	IDS HIGH YIELD TAX EXEMPT FUND	X													X				X										
	IDS CASH MANAGEMENT FUND CLASS A		X										X						X										
	IRA - IDS FLEXIBLE ANNUITY			X									N/A						N/A										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name JENNIFER DUNN | Page 3 of 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	KEY BANK SAVINGS ACCOUNT		X		CLOSE OUT 1.12.95										
	IDS CASH MANAGEMENT-CLASSA	X	X		VARIOUS DATES - USED AS AN INTEREST BEARING CHECKING ACCOUNT - NONE OVER $1000.00										

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER- HOUSE CONG. ADVISORY BOARD	INTERNATIONAL REPUBLICAN INSTITUTE
GENERAL PARTNER	THE DUNWELL PARTNERSHIP

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Richard J. Durbin
(Full Name)

2463 Rayburn House Office Building
(Mailing Address)

202-225-5271
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 20	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Richard J. Durbin

DATE (Month/Day/Year) 5-14-96

Name	Richard J. Durbin	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	(RJD) Office of Finance - U.S. House of Representatives	salary	133,599.96
	(LMD) State of Illinois	salary	37,139.50

For payments to charity in lieu of honoraria, use Schedule II.

Name	Richard J. Durbin	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Richard J. Durbin

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Cryolife Inc. stock (190 sh)		x		($2,945.00)																								
JT	Mellon Bank Stock (75 sh)		x		(4,031.25)																								
	Fidelity-IRA- (RJD)																												
	Sel-Prec Metals		x		(5,056.10)																								
	Berger Small Co.		x		(5,822.35)																								
	Montgomery Growth		x		(10,554.54)																								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard J. Durbin

Page 5 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Rob-Steph Value Plus			x		$18,117.89)																							
	Warburg-P Japan OTC		x			(10,421.42)																							
	Fid Cash Reserves		x			12,764.84)																							
SP	Fidelity-IRA (LMD)																												
	Fid. Value		x			9,071.16)																							
	Rob-Steph Value Plus		x			(7,026.95)																							
	Warburg-P Japan OTC		x			(7,832.07)																							
	Fid Cash Reserves	x				(2.12)																							
	Sel-Med Dely		x			(9,824.75)																							
JT	20th Century ULTRA				x	(58,459.06)																							
SP	Ill. Def.Comp.			x		(32,249.42)																							
	Thrift Savings Plan				x	(62,705.40)																							
JT	Hosp Corp of America - est.		x			(2,023.28)																							
	office furniture - est.	x				(1,000.00)																							
JT	home furniture - est		x			8,000.00																							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard J. Durbin

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	residence-1525 Bates - Spfld					x			($210,000.00)																				
JT	1991 Ford Taurus - est.		x					(	5,000.00)																				
JT	1990 Geo Prism - est		x					(	4,500.00)																				
JT	1995 Chrysler - est.			x				(	19,000.00)																				
	Cong.Fed Credit Union 12/31/95 checking		x					(	10,133.41)																				
	Cong.Fed Credit Union savings			x				(	19,916.20)																				
SP	Bank of Springfidld - savings	x						(	257.29)																				
SP	First of America - Spfld, savings		x					(	1,647.75)																				

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SCHEDULE IV — TRANSACTIONS

Name Richard J. Durbin

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		X			10-12-95		X								
	Templeton Dev Markets	(19,008.45)		X		1-5-95		X								
	Amtech Corp (300 sh)	(1,725.00)		X		10-17-95	X									
	Drypers Corp (200 sh)	(550.00)		X		10-17-95										
	Ameriquest Tech (500 sh)	(500.00)		X		10-17-95										
	Cryolife Inc. (190 sh)	(2,897.50)	X			10-17-95	X									
	Fid-IRA															
	Warburg Pincus G & I	(1,110.21)	X			1-3-95										
	Montgomery Growth	(9,000.00)	X			4-3-95	X									
	Berger Small Co.	(5,000.00)	X			7-7-95	X									
	Sel-Chemical	(7,810.93)		X		10-4-95	X									
	Sel-Electronics	(12,618.18)		X		10-4-95	X									
	Sel-Computers	(11,753.96)		X		10-4-95	X									
	Sel-Prec Metals	(5,000.00)	X			10-17-95	X									
	Rob-Steph Value Plus	(10,000.00)	X			10-17-95	X									
	Warburg Pincus Japan OTC	(10,000.00)	X			10-17-95	X									
	Robt-Steph Val Plus	(9,566.52)	X			11-22-95	X									

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SCHEDULE IV — TRANSACTIONS

Name Richard J. Durbin

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock		X			10–12–95		X								
	Warburg-Pincus G & I	(1,338.94)		x		11-22-95	x									
	Fid.Value	(8,224.98)		x		11-22-95	x									
SP	Fid - IRA (LMD)															
	Warburg-Pincus G & I	(5,993.35)	x			1-3-95	x									
	Warburg-Pincus Intl Eq	(6,984.65)	x			1-3-95	x									
	Warburg-Pincus Intl Eq	(7,457.80)		x		9-1-95										
	W-P Japan OTC	(7,457.80)	x			9-1-95	x									
	W-P G & I	(7,228.14)		x		11-22-95	x									
	Robt Steph Val Plus	(7,228.52)	x			11-27-95	x									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Bank of Splfd (IL) ($71,276.82)	mortgage on 1525 Bates Spfld			X							
JT	Cong Fed Credit Union (16,953.37)	auto loan - 1995 Chrysler		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	Apr 17-22	Spfld, St. Croix, Spfld	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Associate Professor	S.I.U. School of Medicine-Springfield, Illinois

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1998 22-642 (mac)

Use additional sheets if more space is required.

CHECK DEPOSIT SLIP

BROKERAGE NO.
153-270814

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION. DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	CC
T009241892	153-270814	1	YTQ	11-22-95	11-24-95	101153	749255105	4	3

YOU SOLD 82.855 AT 16.16

SECURITY DESCRIPTION
WARBURG PINCUS GROWTH & INCOME FUND

SYMBOL: RBEGX

PRINCIPAL AMOUNT	1,338.94
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	1,338.94

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD [illegible]

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95326-101153

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

Fidelity Investments®

BROKERAGE NO.
X53-083747

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0553083747 11 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	C
	X53-083747	1	BFV	10-17-95	10-20-95	034580	032329104	8	1

YOU SOLD 300 AT 5 3/4

SECURITY DESCRIPTION SYMBOL: AMTC
AMTECH CORP REF/BFV/BCTS

PRINCIPAL AMOUNT	1,725.00
INTEREST	
COMMISSION	58.83
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	1,668.17

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-6565
REF # 95290-034580

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

Fidelity Investments

BROKERAGE NO.
153-270814

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION. DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	C
T009241892	153-270814	1	YTQ	11-22-95	11-24-95	101189	770648103	4	

YOU BOUGHT 414.494 AT 23.08

SECURITY DESCRIPTION
SYMBOL: RSVPX
ROBERTSON STEPHENS VALUE PLUS & GROWTH

FMRLY VALUE PLUS FD
PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	9,566.52
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	9,566.52

FUNDS/CERTIFICATES ARE DUE BY 4 P.M EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95326-101189

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

Fidelity Investments

BROKERAGE NO.
X53-083747

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0553083747 11 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	CR.
	X53-083747	1	BFV	10-17-95	10-20-95	035357	262497308	8	1

YOU SOLD 200 AT 2 3/4

SECURITY DESCRIPTION SYMBOL: DYPR
DRYPERS CORP REF/BFV/BCTS

PRINCIPAL AMOUNT	550.00
INTEREST	
COMMISSION	38.85
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	511.15

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-6565
REF # 95290-035357

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

BROKERAGE NO.
X53-083747

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0553083747 11 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	OP
	X53-083747	1	BFV	10-17-95	10-20-95	063583	03070P103	6	1

YOU SOLD 500 AT 1

SECURITY DESCRIPTION SYMBOL: AQS
AMERIQUEST TECHNOLOGIES INC

REF/BFV/BCTS

PRINCIPAL AMOUNT	500.00
INTEREST	
COMMISSION	42.50
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	.02
SETTLEMENT AMOUNT	457.48

FUNDS/CERTIFICATES ARE DUE BY 4 P.M EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-6565
REF # 95290-063583

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

CHECK DEPOSIT SLIP

Fidelity Investments®

BROKERAGE NO.
X53-083747

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0553083747 11 000

CUSTOMER NO.	BROKERAGE ACCOUNT	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	Q
	X53-083747	1	BFV	10-17-95	10-20-95	039062	228903100	4	1

YOU BOUGHT 190 AT 15 1/4

SECURITY DESCRIPTION
CRYOLIFE INC REF/BFV/BCTS

SYMBOL: CRYL

PRINCIPAL AMOUNT	2,897.50
INTEREST	
COMMISSION	74.62
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	2,972.12

FUNDS/CERTIFICATES ARE DUE BY 4 P.M EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

RICHARD J DURBIN
LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-6565
REF # 95290-039062

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

Fidelity Investments®
Discount Brokerage

CUSTOMER NO	BROKERAGE NO.	TYPE	CUSIP	NET AMOUNT
T009241892	153-270814	1	93401H102	1,110.2

SETTLEMENT DATE	
01-04-95	DT(24:

WARBURG PINCUS
GROWTH & INCOME SH
BEN INT

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES INC
P.O. BOX 770001
CINCINNATI OH 45277-0003

PLEASE RETURN THIS TOP PORTION WITH SECURITIES SOLD OR PAYMENT IN THE AMOUNT DUE BY SETTLEMENT DATE.

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	O
T009241892	153-270814	1	T##	01-03-95	01-04-95	037407	93401H102	4	3

YOU BOUGHT 81.573 AT 13.61

SECURITY DESCRIPTION SYMBOL: RBEGX
WARBURG PINCUS GROWTH & INCOME SH

BEN INT PROSPECTUS UNDER
SEPARATE COVER

PRINCIPAL AMOUNT	1,110.21
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	1,110.21

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS MO 63102

TELEPHONE NUMBER: (800) 544-8666

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

Fidelity Investments®
Discount Brokerage

CUSTOMER NO.	BROKERAGE NO.	TYPE	CUSIP	NET AMOUNT
T009241892	153-270814	1	613828805	9,000.0

SETTLEMENT DATE	
04-10-95	DT 24

MONTGOMERY GROWTH FUND

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES INC
P.O. BOX 770001
CINCINNATI OH 45277-0003

099 0153270814 10 000

PLEASE RETURN THIS TOP PORTION WITH SECURITIES SOLD OR PAYMENT IN THE AMOUNT DUE BY SETTLEMENT DATE.

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC
T009241892	153-270814	1	DPU	04-03-95	04-10-95	052130	613828805	4

YOU BOUGHT 504.202 AT 17.85

SECURITY DESCRIPTION SYMBOL: MNGFX
MONTGOMERY GROWTH FUND

PROSPECTUS UNDER SEPARATE COVER
CONF:007007183

PRINCIPAL AMOUNT	9,000.0
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	9,000.0

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

Fidelity Investments

BROKERAGE NO.
153-270814

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC
T009241892	153-270814	1	TBB	07-07-95	07-10-95	091962	084045103	4

YOU BOUGHT 1,547.988 AT 3.23

SECURITY DESCRIPTION SYMBOL: BESCX
BERGER SMALL CO GROWTH FUND

PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	5,000.
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	5,000.

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-866
REF # 95188-091962

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

CHECK DEPOSIT SLIP

BROKERAGE NO.
153-270816

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC
T009241892	153-270816	1	SPI	10-04-95	10-10-95	099396	316390889	4

YOU SOLD 209.802 AT 37.23

SECURITY DESCRIPTION
FIDELITY SELECT CHEMICAL

SYMBOL: FSCHX

PRINCIPAL AMOUNT	7,810.9
INTEREST	
COMMISSION	7.5
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	7,803.4

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY

TELEPHONE NUMBER: (800) 544-8666
REF # 95277-099396

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
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CHECK DEPOSIT SLIP

Fidelity Investments

BROKERAGE NO.
153-270814

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC
T009241892	153-270814	1	SPI	10-04-95	10-10-95	099534	316390863	4

YOU SOLD 386.468 AT 32.65

SECURITY DESCRIPTION SYMBOL: FSELX
SELECT ELECTRONICS

PRINCIPAL AMOUNT	12,618.1
INTEREST	
COMMISSION	7.5
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	12,610.6

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95277-099534

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
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Fidelity Investments®

Transaction Confirmation
Confirm Date: October 04, 1995

Customer Account Number
T009241892 IRA

RICHARD DURBIN

Customer Service For information regarding your account, call us anytime at 800-544-6666.

01031523

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

On October 04, 1995 you sold $11,753.96 of Select Computers as described below:

SELECT COMPUTERS (#007-0495982605)	Transaction Detail	Transaction Summary
Your beginning balance in this fund was 250.404 shares, at $46.94/share		$11,753.96
You sold 250.404 shares at $46.94/share	$11,753.96	-11,753.96
A long-term redemption fee was deducted	-7.50	
An exchange fee was deducted	-7.50	
Amount sent to your brokerage account	$11,738.96	
Your ending balance in this fund is now 0.000 shares		$0.00

Fidelity Distributors Corporation

For Your Next Investment

RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

0951004 0002 01031523

FIDELITY INVESTMENTS
PO BOX 770001
CINCINNATI OH 45277-0003

Use this form to invest in any of your existing fund accounts. Please make your check payable to the fund.

I would like to invest in (check one):

☐ Select Computers
Account Number 007-0495982605
Amount of Investment: ($250.00 minimum)
$ ☐,☐☐☐,☐☐☐.☐☐

☐ Another fund that I own (Fidelity Fund Name):

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

Amount of Investment:
$ ☐,☐☐☐,☐☐☐.☐☐

Retirement investments will be deposited as a current year contribution.
For prior year contributions, please mark this box. ☐

007 0495982605 12 702

CHECK DEPOSIT SLIP

Fidelity Investments®

BROKERAGE NO.
153-270814

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE ACCOUNT NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	OF
T009241892	153-270814	I	BFV	10-17-95	10-20-95	113505	316390400	4	3

YOU BOUGHT 295.858 AT 16.90

SECURITY DESCRIPTION SYMBOL: FDPMX
SELECT PRECIOUS METALS

PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	5,000.00
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	5,000.00

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95290-113505

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

CHECK DEPOSIT SLIP

BROKERAGE NO.
153-270814

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE ACCOUNT NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	OV
T009241892	153-270814	I	BFV	10-17-95	10-18-95	104963	770648103	4	3

YOU BOUGHT 385.06 AT 25.97

SECURITY DESCRIPTION SYMBOL: RSVPX
ROBERTSON STEPHENS VALUE PLUS & GROWTH

FMRLY VALUE PLUS FD
PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	10,000.00
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	10,000.00

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95290-104963

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

CHECK DEPOSIT SLIP

Fidelity Investments

BROKERAGE NO
153-270814

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	CK
T009241892	153-270814	1	BFV	10-17-95	10-18-95	105488	93401Q102	4	3

YOU BOUGHT 1,094.092 AT 9.14

SECURITY DESCRIPTION
SYMBOL: WPJPX
WARBURG PINCUS JAPAN OTC FUND

PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	10,000.00
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	10,000.00

FUNDS/CERTIFICATES ARE DUE BY 4 P.M EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95290-105488

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

CHECK DEPOSIT SLIP

Fidelity Investments®

BROKERAGE NO
153-270822

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270822 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC
T008504067	153-270822	1	DGQ	09-01-95	09-01-95	077771	93401Q102	4

YOU BOUGHT 822.249 AT 9.07

SECURITY DESCRIPTION SYMBOL: WPJPX
WARBURG PINCUS JAPAN OTC FUND

PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	7,457.8
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	7,457.8

FUNDS/CERTIFICATES ARE DUE BY 4 P.M EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95244-077771

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

Fidelity Investments®

BROKERAGE NO
153-270822

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION. DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

099 0153270822 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO	EXC	C
T008504067	153-270822	1	DXX	11-22-95	11-24-95	100026	749255105	4	3

YOU SOLD 447.286 AT 16.16

SECURITY DESCRIPTION SYMBOL: RBEGX
WARBURG PINCUS GROWTH & INCOME FUND

PRINCIPAL AMOUNT	7,228.14
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	7.228.14

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95326-100026

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

Fidelity Investments

BROKERAGE NO.
153-270814

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION. DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

099 0153270814 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	CI
T009241892	153-270814	1	YTQ	11-22-95	11-28-95	107819	316464106	4	3

YOU SOLD 165.595 AT 49.79

SECURITY DESCRIPTION
FIDELITY VALUE

SYMBOL: FDVLX

PRINCIPAL AMOUNT	8,244.98
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	8,244.98

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO RICHARD J DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95326-107819

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

Fidelity Investments®
Discount Brokerage

CUSTOMER NO.	BROKERAGE NO	TYPE	CUSIP	NET AMOUNT
T008504067	153-270822	1	93401H102	5,993.35

SETTLEMENT DATE	
01-04-95	DTC 243

WARBURG PINCUS
GROWTH & INCOME SH
BEN INT

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES INC
P.O. BOX 770001
CINCINNATI OH 45277-0003

099 0153270822 10 000

PLEASE RETURN THIS TOP PORTION WITH SECURITIES SOLD OR PAYMENT IN THE AMOUNT DUE BY SETTLEMENT DATE.

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO	EXC	ORIG
T008504067	153-270822	1	DTV	01-03-95	01-04-95	037409	93401H102	4	3

YOU BOUGHT 440.364 AT 13.61

SECURITY DESCRIPTION SYMBOL: RBEGX
WARBURG PINCUS GROWTH & INCOME SH

BEN INT PROSPECTUS UNDER
SEPARATE COVER

PRINCIPAL AMOUNT	5,993.35
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	5,993.35

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION
ALL ORDERS ARE UNSOLICITED UNLESS SPECIFIED ABOVE

Fidelity Investments®
Discount Brokerage

CUSTOMER NO.	BROKERAGE NO.	TYPE	CUSIP	NET AMOUNT
T008504067	153-270822	1	933910101	6,984.65

SETTLEMENT DATE	DTC
01-04-95	243

WARBURG PINCUS INTL
EQUITY FD

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES INC
P.O. BOX 770001
CINCINNATI OH 45277-0003

PLEASE RETURN THIS TOP PORTION WITH SECURITIES SOLD OR PAYMENT IN THE AMOUNT DUE BY SETTLEMENT DATE.

099 0153270822 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	ORK
T008504067	153-270822	1	DTV	01-03-95	01-04-95	037408	933910101	4	3

YOU BOUGHT 383.772 AT 18.20

SECURITY SYMBOL: CUIEX
DESCRIPTION
WARBURG PINCUS INTL EQUITY FD

PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	6,984.65
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	6,984.65

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

Fidelity Investments®

BROKERAGE NO.
153-270822

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION.
DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

099 0153270822 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC	C
T008504067	153-270822	1	DGQ	09-01-95	09-01-95	077779	933910101	4	1

YOU SOLD 385.018 AT 19.37

SECURITY DESCRIPTION SYMBOL: CUIEX
WARBURG PINCUS INTL EQUITY FD

PRINCIPAL AMOUNT	7,457.8(
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	7,457.80

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95244-077779

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

CHECK DEPOSIT SLIP

BROKERAGE NO.
153-270822

MAKE CHECKS PAYABLE TO NATIONAL FINANCIAL SERVICES CORPORATION. DEPOSITS WILL BE MADE TO THE BROKERAGE ACCOUNT LISTED ABOVE.

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

MAIL CHECKS TO THIS ADDRESS:

FIDELITY INVESTMENTS
P.O. BOX 770001
CINCINNATI, OH 45277-0003

099 0153270822 10 000

CUSTOMER NO.	BROKERAGE NO.	TYPE	REG. REP.	TRADE DATE	SETTLEMENT DATE	TRANS NO.	CUSIP NO.	EXC
T008504067	153-270822	1	DTR	11-27-95	11-28-95	092805	770648103	4

YOU BOUGHT 310.104 AT 23.31

SECURITY DESCRIPTION SYMBOL: RSVPX
ROBERTSON STEPHENS VALUE PLUS & GROWTH

FMRLY VALUE PLUS FD
PROSPECTUS UNDER SEPARATE COVER

PRINCIPAL AMOUNT	7,228.5
INTEREST	
COMMISSION	
STATE TAX	
MISCELLANEOUS CHARGES	
SEC FEE / POSTAGE	
SETTLEMENT AMOUNT	7,228.5

FUNDS/CERTIFICATES ARE DUE BY 4 P.M. EASTERN TIME ON SETTLEMENT DATE, OR LATE FEES MAY APPLY.

FMT CO CUST IRA
FBO LORETTA M DURBIN
1525 BATES
SPRINGFIELD IL 62704-3347

FIDELITY BROKERAGE SERVICES, INC
ST. LOUIS PLACE, STE. 120
200 NO. BROADWAY
ST. LOUIS, MO 63102

TELEPHONE NUMBER: (800) 544-8666
REF # 95331-092805

FIDELITY BROKERAGE SERVICES, INC.
MEMBER NYSE/SIPC
ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return (P) 1995

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 1995, or other tax year beginning , 1995, ending , 19 | OMB No. 1545-0074

Label (See instructions on page 11.) Use the IRS label. Otherwise, please print or type.

BF 493-46-1338 350-36-5292 S09 10
RICHARD J & LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704

I R S Apt. no.

Your social security number

Spouse's social security number

For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Presidential Election Campaign (See page 11.)

	Yes	No
Do you want $3 to go to this fund?	X	
If a joint return, does your spouse want $3 to go to this fund?	X	

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (See page 11.) Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 12.)

Exemptions (See page 12.)

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number. If born in 1995 see page 13.	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1995

If more than six dependents, see page 13.

No. of your children on 6c who:
- lived with you
- didn't live with you due to divorce or separation (see page 14)

Dependents on 6c not entered above

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]
e Total number of exemptions claimed — Add numbers entered on lines above ▶ 2

Income Attach Copy B of your Forms W-2, W-2G, and 1099-R here. If you did not get a W-2, see page 14. Enclose, but do not attach, your payment and payment voucher. See page 33.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	156,559 142
8a	Taxable interest income (see page 15). Attach Schedule B if over $400	8a	769 65
b	Tax-exempt interest (see page 15). DON'T include on line 8a — 8b: 24 142		
9	Dividend income. Attach Schedule B if over $400	9	156 00
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 15)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). If required, attach Schedule D (see page 16)	13	(3,000 00)
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions — 15a — b Taxable amount (see page 16)	15b	
16a	Total pensions and annuities — 16a — b Taxable amount (see page 16)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation (see page 17)	19	
20a	Social security benefits — 20a — b Taxable amount (see page 18)	20b	
21	Other income. List type and amount—see page 18	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	154,485 07

Adjustments to Income

23a	Your IRA deduction (see page 19)	23a	
b	Spouse's IRA deduction (see page 19)	23b	
24	Moving expenses. Attach Form 3903 or 3903-F	24	
25	One-half of self-employment tax	25	
26	Self-employed health insurance deduction (see page 21)	26	
27	Keogh & self-employed SEP plans. If SEP, check ▶ [ ]	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 23a through 29. These are your **total adjustments** ▶	30	

Adjusted Gross Income

31	Subtract line 30 from line 22. This is your **adjusted gross income**. If less than $26,673 and a child lived with you (less than $9,230 if a child didn't live with you), see "Earned Income Credit" on page 27 ▶	31	154,485 07

998

Tax Computation

(See page 23.)

32	Amount from line 31 (adjusted gross income)	32	154,485 07
33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here ▶ 33c ☐		
34	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single—$3,900 • Married filing jointly or Qualifying widow(er)—$6,550 • Head of household—$5,750 • Married filing separately—$3,275	34	19,902 36
35	Subtract line 34 from line 32	35	134,583 71
36	If line 32 is $86,025 or less, multiply $2,500 by the total number of exemptions claimed on line 6e. If line 32 is over $86,025, see the worksheet on page 23 for the amount to enter	36	5,000 00
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	129,583 71
38	Tax. Check if from a ☐ Tax Table, b ☐ Tax Rate Schedules, c ☐ Capital Gain Tax Worksheet, or d ☐ Form 8615 (see page 24). Amount from Form(s) 8814 ▶ •	38	32,273 14
39	Additional taxes. Check if from a ☐ Form 4970 b ☐ Form 4972	39	
40	Add lines 38 and 39 ▶	40	

If you want the IRS to figure your tax, see page 35.

Credits

(See page 24.)

41	Credit for child and dependent care expenses. Attach Form 2441	41		
42	Credit for the elderly or the disabled. Attach Schedule R	42		
43	Foreign tax credit. Attach Form 1116	43		
44	Other credits (see page 25). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	44		
45	Add lines 41 through 44			45
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶			46

Other Taxes

(See page 25.)

47	Self-employment tax. Attach Schedule SE	47	
48	Alternative minimum tax. Attach Form 6251	48	
49	Recapture taxes. Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
52	Advance earned income credit payments from Form W-2	52	
53	Household employment taxes. Attach Schedule H	53	
54	Add lines 46 through 53. This is your **total tax** ▶	54	

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

55	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	55	33,336 80	
56	1995 estimated tax payments and amount applied from 1994 return	56		
57	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ and type ▶	57		
58	Amount paid with Form 4868 (extension request)	58		
59	Excess social security and RRTA tax withheld (see page 32)	59		
60	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	60		
61	Add lines 55 through 60. These are your **total payments** ▶			61 33,336 80

Refund or Amount You Owe

62	If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you **OVERPAID**	62	1,063 66
63	Amount of line 62 you want **REFUNDED TO YOU** ▶	63	1,063 66
64	Amount of line 62 you want **APPLIED TO YOUR 1996 ESTIMATED TAX** ▶ 64		
65	If line 54 is more than line 61, subtract line 61 from line 54. This is the **AMOUNT YOU OWE**. For details on how to pay and use **Form 1040-V**, Payment Voucher, see page 33 ▶	65	
66	Estimated tax penalty (see page 33). Also include on line 65 66		

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation
	4/6/96	Federal Employee
Spouse's signature. If a joint return, BOTH must sign.	4/6/96	State Employee

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's social security no
Firm's name (or yours if self-employed) and address		EIN	
		ZIP code	

Printed on recycled paper

*U.S. Government Printing Office: 1996 - 405-493/40018

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (P)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1995

Attachment Sequence No. 07

Name(s) shown on Form 1040: Richard J & Loretta M Durbin

Your social security number: 493 46 1338

Medical and Dental Expenses		Caution: *Do not include expenses reimbursed or paid by others.*					
	1	Medical and dental expenses (see page A-1)	1				
	2	Enter amount from Form 1040, line 32. 2					
	3	Multiply line 2 above by 7.5% (.075)	3				
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4		
Taxes You Paid (See page A-1.)	5	State and local income taxes	5	4574	55		
	6	Real estate taxes (see page A-2)	6	3323	86		
	7	Personal property taxes	7				
	8	Other taxes. List type and amount ▶	8				
	9	Add lines 5 through 8				9	7898 41
Interest You Paid (See page A-2.)	10	Home mortgage interest and points reported to you on Form 1098	10	5334	20		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11				
Note: Personal interest is not deductible.	12	Points not reported to you on Form 1098. See page A-3 for special rules	12				
	13	Investment interest. If required, attach Form 4952. (See page A-3.)	13				
	14	Add lines 10 through 13				14	5334 20
Gifts to Charity	15	Gifts by cash or check. If you made any gift of $250 or more, see page A-3	15	7813	00		
If you made a gift and got a benefit for it, see page A-3.	16	Other than by cash or check. If any gift of $250 or more, see page A-3. If over $500, you MUST attach Form 8283	16				
	17	Carryover from prior year	17				
	18	Add lines 15 through 17				18	7813 00
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-4.)				19	
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-5.) ▶ Living Expense IRC 162(A)	20	3000	00		
	21	Tax preparation fees	21				
(See page A-5 for expenses to deduct here.)	22	Other expenses—investment, safe deposit box, etc. List type and amount ▶ Prof. Dues	22	140	00		
	23	Add lines 20 through 22	23	3140	00		
	24	Enter amount from Form 1040, line 32. 24 154,485 07					
	25	Multiply line 24 above by 2% (.02)	25	3089	70		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-				26	50 30
Other Miscellaneous Deductions	27	Other—from list on page A-5. List type and amount ▶				27	
Total Itemized Deductions	28	Is Form 1040, line 32, over $114,700 (over $57,350 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-5 for the amount to enter.				▶ 28	21095 91

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. Your social security number

Schedule B—Interest and Dividend Income

Attachment Sequence No. 08

Part I Interest Income (See pages 15 and B-1.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note: *If you had over $400 in taxable interest income, you must also complete Part III.*

		Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		
Bank of Springfield		89 69
Cong Fed Credit Union		635 60
First of Amer Bank		44 36
	1	
2 Add the amounts on line 1	2	769 65
3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	769 65

Part II Dividend Income (See pages 15 and B-1.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Note: *If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part III.*

		Amount
5 List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶		
AMTECH Corp		6 00
Mellon Bank Corp		150 00
	5	
6 Add the amounts on line 5	6	156 00
7 Capital gain distributions. Enter here and on Schedule D* . 7		
8 Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8		
9 Add lines 7 and 8	9	
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	156 00

**If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13, on page 16.*

Part III Foreign Accounts and Trusts (See page B-2.)

	Yes	No
If you had over $400 of interest or dividends or had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.		
11a At any time during 1995, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of the foreign country ▶		
12 Were you the grantor of, or transferor to, a foreign trust that existed during 1995, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		

*U.S. Government Printing Office: 1995 - 389-502

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (O)

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

OMB No. 1545-0074

1995

Attachment Sequence No. 12

Name(s) shown on Form 1040: Richard J & Loretta M Durbin

Your social security number: 493 46 1338

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
1 500 sh Ameriquest	12/19/94	10/17/95	457 48	1809 25	1351 77	
300 sh AMTECH	12/19/94	10/17/95	1666 17	2660 08	993 91	
200 sh DRYPERS	12/19/94	10/17/95	511 15	2368 60	1857 45	
2 Enter your short-term totals, if any, from line 21			2			
3 **Total short-term sales price amounts.** Add column (d) of lines 1 and 2			3 2634 80			
4 Short-term gain from Forms 2119 and 6252, and short-term gain or loss from Forms 4684, 6781, and 8824				4		
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1994 Capital Loss Carryover Worksheet				6		
7 Add lines 1 through 6 in columns (f) and (g)				7	(4203 13)	
8 **Net short-term capital gain or (loss).** Combine columns (f) and (g) of line 7 ▶					8	(4203 13)

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

9						
10 Enter your long-term totals, if any, from line 21			10			
11 **Total long-term sales price amounts.** Add column (d) of lines 9 and 10			11			
12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824				12		
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				13		
14 Capital gain distributions				14		
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1994 Capital Loss Carryover Worksheet				15		
16 Add lines 9 through 15 in columns (f) and (g)				16	( )	
17 **Net long-term capital gain or (loss).** Combine columns (f) and (g) of line 16 ▶					17	

Part III Summary of Parts I and II

18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. **Note:** *If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 24*	18	(4203 13)
19 If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:		
a The loss on line 18; or		
b ($3,000) or, if married filing separately, ($1,500)	19	(3000 00)
Note: *See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.*		

Penalties of law may change this form. See page 21 of instructions.

OMB No. 1545-0008

b Employer's identification number
37-600 2057

c Employer's name, address, and ZIP code
STATE OF ILLINOIS 69-0330001 * SALARY *
LOLETA A. DIDRICKSON, COMPTROLLER
WITHHOLDING AGENT
SPRINGFIELD, ILLINOIS 62706

d Employee's social security number
350-36-5292

e Employee's name, address, and ZIP code
DURBIN LORETTA 50-220
1525 BATES AVE
SPRINGFIELD IL 62704

1 Wages, tips, other compensation: 29639.50	2 Federal income tax withheld: 4693.40
3 Social security wages: 37139.50	4 Social security tax withheld: 2302.60
5 Medicare wages and tips: 37139.50	6 Medicare tax withheld: 538.58
7 Social security tips	8 Allocated tips
9 Advance EIC payment: .00	10 Dependent care benefits: .00
11 Nonqualified plans: .00	12 Benefits included in Box 1: .00
13 See instrs. for Box 13: G 7500.00	14 Other

15 Statutory employee ☐ Decased ☐ Pension plan ☒ Legal rep. ☐ Hshld emp. ☐ Subtotal ☐ Deferred compensation ☒

16 State Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL 1 37-600 2057	29639.50	889.17			

Form W-2 Wage and Tax Statement 1995
Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

Department of the Treasury-Internal Revenue Service

1002

U.S. HOUSE OF REPRESENTATIVES
OFFICE OF FINANCE
WASHINGTON DC 20515
53-6002523 F

13 Pension Plan: YES

Employee SSN: 493-46-1338

7 Social Security Tips:

EMPLOYEE NAME, ADDRESS, AND ZIP CODE
DURBIN RICHARD J
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON
DC 20515

1 Wages Tips Other Compensation: $126,919.92	2 Federal Income Tax Withheld: $28,643.40
3 Social Security Wages: $61,200.00	4 Social Security Tax Withheld: $3,794.40
5 Medicare Wages And Tips: $133,599.96	6 Medicare Tax Withheld: $1,937.16
13 Deferred Compensation(401)K: $6,680.04	14 Fringe Benefits
15 Employer's State ID No.	16 Employer's State ID No.
18 State Income Tax: IL $3,747.72	18 State Income Tax

Copy B to be filed with employees FEDERAL tax return
Form W-2 WAGE AND TAX STATEMENT 1995

Illinois Individual Income Tax Return **1995 IL-1040**

or fiscal year ending _____ 1996

Do not write above this line.

Place label here

*********** CAR-RT SORT ** C090
493-46-1338 3 DURB 6 350-36-5292
RICHARD J LORETTA M DURBIN
1525 S BATES AVE
SPRINGFIELD IL 62704-3347

If last name _____

Your Social Security number _____

Spouse's Social Security number _____

ZIP

Exemptions

See instructions before completing this section.

a How many exemptions did you claim on your 1995 federal return? a 2

b If you are a dependent claimed on another person's return, see instructions. b _____

c Check if in 1995 you were: ☐ 65 or older ☐ legally blind

Check if in 1995 your spouse was: ☐ 65 or older ☐ legally blind

Write on this line the number of boxes you checked in Step c above. c _____

d **Total exemptions** – Add Lines a, b, and c. d 2

Filing Status

You must check one box.

☐ Single or head of household
☐ Married filing jointly
☐ Married filing separately
☐ Widowed

Farmers

If at least two thirds of your total gross income came from farming, check box. ➟

Income

1 Adjusted gross income (U.S. 1040, Line 31; U.S. 1040A, Line 16; or U.S. 1040EZ, Line 4)	1	154,485.07
2 Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b)	2	24.42
3 Other additions (See instructions and specify.) _____	3	
4 Total income – Add Lines 1, 2, and 3.	4	154,509.49

Subtractions

5 Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.)	5	
6 Military pay earned while a resident and included in Line 1.	6	
7 Illinois income tax refund included on U.S. 1040, Line 10.	7	
8 U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.)	8	
9 Other subtractions (See instructions and specify.) _____ Do not include out-of-state income.	9	
10 Total subtractions – Add Lines 5, 6, 7, 8, and 9.	10	
11 Base income – Subtract Line 10 from Line 4.	11	154,509.49

Net Income

Illinois residents continue to Line 12. Check if you were a nonresident ☐ or part-year resident ☐.
Attach Schedule NR and write amount from Schedule NR, Line 1, here: _____. Then skip to Line14.

12 Write total exemptions from Box d of Exemptions section above. 2 Multiply by $1,000.	12	2,000.00
13 Net income – Subtract Line 12 from Line 11.	13	152,509.49

Tax & Contributions

14 Tax – Residents, multiply Line 13 by 3% (.03). Others, write Line 7 from Schedule NR.	14	4,575.28
15 Voluntary contributions – Any donation will reduce your refund or increase the amount you owe.		
Wildlife Preservation a) _____ Alzheimer's Research c) _____ Breast Cancer Research e) _____		
Child Abuse Prevention b) _____ Homeless Assistance d) _____ Women's Military Memorial f) _____		
Total contributions – Add Lines a - f.	15	
16 Total tax and contributions – Add Lines 14 and 15.	16	4,575.28

Payments & Credits

17 Illinois Income Tax withheld (Attach copy of all Forms W-2.)	17	4616.89
18 Estimated payments (IL-1040-ES, IL-505-I, and 1994 overpayment credit)	18	
19 Credit for tax paid to other states (Line 8 of attached Schedule CR)	19	
20 Credit for Illinois Property Tax from worksheet on back [ ] Write Line 3 of worksheet	20	
21 Tax credits from attached Schedule 1299-C, Section II, Part VII, Line 37	21	
22 Total payments and credits – Add Lines 17, 18, 19, 20, and 21.	22	4,616.89

Refund

23 Overpayment – If Line 22 is greater than Line 16, subtract Line 16 from Line 22.	23	41.61
24 Amount of overpayment you want credited to next year's tax	24	
25 Amount of refund – Subtract Line 24 from Line 23.	25	41.61

Pay

26 Amount you owe – If Line 16 is greater than Line 22, subtract Line 22 from Line 16.	26	
27 If you completed Form IL-2210, write your penalty here. If you completed Step 5 of IL-2210, check box. ➟ ☐	27	
28 Total amount due – Add Lines 26 and 27.	28	

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Do not write in this box.

Sign here

Your signature	Date	Daytime phone number	Spouse's signature	Date
	4/6/96	(217) 492-4062		4/6/96

Paid preparer's signature	Date	Phone number	Paid preparer's FEIN or SSN
		( )	

▶ If you use a tax preparer and do not wish to receive a booklet next year, check here. ☐ ◀

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

AP_____ DR_____ NR ME ZZ SE WS WA XA RX NS MR DC TR SA _____ _____ _____ _____ ID_____

Attach copy of Forms W-2, W-2G & 1099-R here.

Attach remittance made payable to "Illinois Department of Revenue." Include your Social Security number on your payment.

OMB No 1545-0008

b Employer's identification number 37-600 2057	1 Wages, tips, other compensation 29639.50
c Employer's name, address, and ZIP code STATE OF ILLINOIS 69-0330001 * SALARY * LOLETA A. DIDRICKSON, COMPTROLLER WITHHOLDING AGENT SPRINGFIELD, ILLINOIS 62706	2 Federal income tax withheld 4693.40
	3 Social security wages 37139.50
	4 Social security tax withheld 2302.60
	5 Medicare wages and tips 37139.50
	6 Medicare tax withheld 538.58
	7 Social security tips
	8 Allocated tips
d Employee's social security number 350-36-5292	9 Advance EIC payment .00
	10 Dependent care benefits .00
e Employee's name, address, and ZIP code DURBIN LORETTA 50-220 1525 BATES AVE SPRINGFIELD IL 62704	11 Nonqualified plans .00
	12 Benefits included in Box 1 .00
	13 G 7500.00
	14 Other

15 Statutory employee ☐ Decased ☐ Pension plan ☐ Legal rep ☐ Hshld emp ☐ Subtotal ☐ Deferred compensation ☒

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	37-600 2057	29639.50	889.17			

Form W-2 Wage and Tax Statement 1995
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Department of the Treasury-Internal Revenue Service

U.S. HOUSE OF REPRESENTATIVES OFFICE OF FINANCE WASHINGTON DC 20515 53-6002523 F	13 Pension Plan YES
	1 Wages Tips Other Compensation $126,919.92
	2 Federal Income Tax Withheld $28,643.40
	3 Social Security Wages $61,200.00
	4 Social Security Tax Withheld $3,794.40
Employee SSN 493-46-1338	7 Social Security Tips
	5 Medicare Wages And Tips $133,599.96
	6 Medicare Tax Withheld $1,937.16
EMPLOYEE NAME, ADDRESS, AND ZIP CODE DURBIN RICHARD J U.S. HOUSE OF REPRESENTATIVES WASHINGTON DC 20515	13 Deferred Compensation(401)K $6,680.04
	14 Fringe Benefits
	15 Employer's State ID No.
	16 Employer's State ID No.
	18 State Income Tax IL $3,747.72
	18 State Income Tax

Copy 2 to be filed with employees STATE,CITY, or LOCAL income tax return
Form W-2 *WAGE AND TAX STATEMENT 1995*

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY 15 PM 4:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
mc
(Office Use Only)

Thomas Chester Edwards
(Full Name)

328 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-6105

Filer Status	[X] Member of the U.S. House of Representatives	State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Chet Edwards

DATE (Month/Day/Year) May 15, 1996

1005

Name Thomas Chester Edwards	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas Chester Edwards

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Wright Patman Credit Union		X												X					X									
JT	Central National Bank			X											X					X									
JT	Federal Thrift Savings Plan				X										N/A							N/A							
S	Great American Reserve Insurance		X												N/A							N/A							
	Retirement Acct. Employees Retirement System of TX		X												N/A							N/A							

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Thomas Chester Edwards

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	None														

This page may be copied if more space is required.

Name Thomas Chester Edwards

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	None											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name	Page 8 of 8
Thomas Chester Edwards	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Vernon J. Ehlers
(Full Name)
1848 Morningside Dr. SE
(Mailing Address)
202-225-3831
Daytime Telephone
Grand Rapids MI 49506

Filer Status	☑ Member of the U.S. House of Representatives — State: MI District: 3	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Vernon J. Ehlers

DATE (Month/Day/Year): 5/15/96

Name Vernon J. Ehlers

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
	NBD Bank, Grand Rapids, MI				X										X							X							
	IRA, " " " " "		X												X				NA										
	State of MI, Retirement Acct.			X											X				NA										
	" " " 401(k) Account			X											X				NA										
	" " " Deferred Comp. Acct.				X										X				NA										
	Kent County Retirement Acct.		X												X				NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Vernon J. Ehlers

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Calvin College Retirement Acct.						X						X		X				NA										
	c/o TIAA-CREF, New York NY																												

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Name Vernon J. Ehlers Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Assoc. of Physics Teachers	Aug. 9	Grand Rapids - Spokane - GR	Y	Y	Y	N
	Progress + Freedom Foundation	Aug. 21-22	" " - Aspen - GR	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

ROBERT L. EHRLICH JR. (Full Name)

5 ELPHIN CT. #102 TOWSON, MARYLAND (Mailing Address)

(410) H-252-4180 (202) W-225-3061 Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives — State: MARYLAND District: 2ND	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Robert L. Ehrlich Jr.

DATE (Month/Day/Year): May 10, 1996

Name ROBERT L. EHRLICH JR. | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	"YOUTH SERVICES INTERNATIONAL" (CORPORATE COUNSEL)	SPOUSE SALARY	N/A
	STATE OF MARYLAND (PUBLIC DEFENDER)	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert L. Ehrlich Jr. Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Franklin Investors Mut. Fund		X										X			X				X									
	NKW Perspective Mut. Fund		X										X			X			X										
	A.I.M. Construction Mut. Fund		X										X			X				X									
	Euro Pacific Mut. Fund		X										X			X				X									
	Flagg Investors Mut. Fund		X										X			X				X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT L. EHRLICH, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	AMERICAN BAL. FUND		X										X			X				X									P
	EURO PACIFIC FUND		X										X			X			X										P
	FUNDAMENTAL INVESTORS		X										X			X				X									P
	NEW PERSPECTIVE FUND		X										X			X				X									P
	SMALL CAP FUND		X										X			X					X								P
	WASHINGTON MUTUAL FUND		X										X			X				X									P
	(TRANSFER OF ORIG. KAN, GRAHAM-SNYDER																												
	RETIREMENT PLAN TRUST TO CAPITAL																												
	GUARDIAN TRUST COMPANY)																												

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SCHEDULE IV — TRANSACTIONS

Name ROBERT L. EHRLICH, JR. Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	SMALL CAP WORLD FUND (PART OF IRA)	X				X									
	EARNED $1,044.69 (DIVIDEND + CAP. GAIN)														
	OVER THE COURSE OF 1995 (ONLY FUND TO														
	TOTAL OVER $1000.00 FOR CALENDAR YEAR.														
	IRA ROLLOVER FROM OBER, KALER, GRIMES &														
	SHRIVER RETIREMENT PLAN IN 6/95														
	INCLUDES:														
	AMER BALANCED FUND														
	EURO PACIFIC FUND														
	FUNDAMENTAL INVESTORS FUND														
	NEW PERSPECTIVE FUND														
	SMALL CAP FUND														
	WASH. MUTUAL FUND														
	[redacted] DIVIDENDS AND CAP. GAINS REINVESTED														

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Name Robert L. Ehrlich Jr. | Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
1.	Baltimore Jewish Council / American Israel Public Affairs Comm. (AIPAC)	Aug. 15-Aug. 22	Baltimore - Tel-Aviv / Tel-Aviv - Baltimore	Y	Y	Y (wife)	N
2.	Maryland Asphalt Ass.	Sept 15-Sept 16	Overnight in St. Michaels, Maryland	Y	Y	Y (wife)	N
3	Maryland Credit Union League	June 16-June 17	Overnight in Ocean City, Maryland	Y	Y	N	N

This page may be copied if more space is required.

Name ROBERT L. EHRLICH, JR.	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	DURING POSITIONS WITH ORGANIZATIONS ARE OF AN HONORARY NATURE.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	ROBERT L. EHRLICH, JR. / OBER, KALER, GRIMES SHRINER	O, K&G'S RETIREMENT PLAN TRANSFERRED IN 6/95 TO CAP. GUARDIAN TRUST

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

ROBERT L. EHRLICH, JR.
2D DISTRICT, MARYLAND

COMMITTEES

GOVERNMENT REFORM AND OVERSIGHT
VICE CHAIR, SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS AND CRIMINAL JUSTICE
SUBCOMMITTEE ON NATIONAL ECONOMIC GROWTH, NATURAL RESOURCES AND REGULATORY AFFAIRS
SUBCOMMITTEE ON POSTAL SERVICE

BANKING AND FINANCIAL SERVICES
SUBCOMMITTEE ON FINANCIAL INSTITUTIONS AND CONSUMER CREDIT
SUBCOMMITTEE ON HOUSING AND COMMUNITY OPPORTUNITY

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Congress of the United States
House of Representatives
Washington, DC 20515–2002

315 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3061

DISTRICT OFFICES
1407 YORK ROAD
SUITE 304
Lutherville, MD 21093
(410) 337-7222

45 NORTH MAIN STREET
Bel Air, MD 21014
(410) 838-2517

GOVERNMENT BUILDING
7701 WISE AVENUE
2ND FLOOR
Dundalk, MD 21222
(410) 284-6828

511-B EASTERN BOULEVARD
Essex, MD 21221
(410) 780-3911

3905 MOUNTAIN ROAD
Pasadena, MD 21122
(410) 255-6983

HAND DELIVERED

June 6, 1996

Clerk, Office of Records and Registration
US House of Representatives
1036 Longworth HOB
Washington, DC 20515

HAND DELIVER
1
MC

Dear Clerk,

I wish to amend my 1995 Financial Disclosure Statement to include the sale of Nuveen Select Maturities Mutual Fund on 7/31/95.

This fund was a "B" category asset which produced dividends and capital gains (total income less than $200.00). The sale value of the asset was $1,251.17.

Thank you for your attention in this matter.

Sincerely,

Robert L. Ehrlich, Jr.
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(7)

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LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 4:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Norvell William Emerson
(Full Name)

2268 Rayburn Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-4404

Filer Status	[X] Member of the U.S. House of Representatives — State: MO District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Norvell Emerson

DATE (Month/Day/Year): May 15, 1996

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	American Insurance Association	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

1026

Name Norvell William Emerson	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1994	$500
The Council of Insurance Agents & Brokers	Speech	February 7, 1995	$2,000
The Tobacco Institute	Speech	May 2, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Norvell William Emerson

Page 4 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	1310 Lexington Avenue, Cape Girardeau, MO				X									X							X								

For additional assets and unearned income, use next page.

Name Norvell William Emerson

Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Mercantile Bank, Cape Girardeau, MO	Mortgage on 1310 Lexington		X								
	Mercantile Bank of Sikeston, Sikeston, MO	Home Equity Loan			X							
	First Commercial Bank, Gideon, MO	Personal Loan			X							
	First Financial Bank, East Prairie, MO	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Congressional Study Group on Germany	Feb. 3-5, 1995	Wash.,DC-Piney Point, MD-Wash., DC	Y	Y	N	N
The Congressional Study Group on Germany	Apr. 16-25, 1995	Wash., DC-Dresden, Ger.-Berlin-Frankfurt-St. Louis (One day in Frankfurt, Germany, at expense of Lufthansa Airlines due to schedule delays for which they were responsible.)	Y	Y	Y	One Day
U.S. English	Apr. 28-May 1, 1995	Memphis - San Juan, P.R. - Wash., DC	Y	Y	Y	N
BASF	Oct. 2-3, 1995	Wash., DC - NYC - Wash., DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
~~Board of Governors~~	~~Capitol Hill Club~~ No longer on
Board of Trustees	Harry S. Truman Scholarship Foundation
Board Member	Congressional Hunger Center
Board Member	Bread for the World.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE INFORMATION CENTER
96 MAY 15 PM 5:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

(5)

Rep. Eliot L. Engel
(Full Name)

1433 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-2464

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: 17th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Eliot L. Engel

DATE (Month/Day/Year) May 15, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rep. Eliot L. Engel

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Marine Midland	X													X				X										
	Cong Fedl Credit Union			X											X					X									
	Dreyfus Liquid Assets	X											X						X										
	US Savings Bonds		X												X				X										
	Israeli Bonds		X												X														
	*54 Victoria Lane, Beacon, NY			X									Mortgage Income								X								S

*Mortgage income received; property sold in 1995.

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Rep. Eliot L. Engel

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	54 Victoria Lane, Beacon, NY 12508		X		08/07/95		X								

This page may be copied if more space is required.

Name Rep. Eliot L. Engel

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Rep. Eliot L. Engel | Page 5 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
AIPAC		2/10-13	Wash, DC-LA, CA-WashDC	Y	N	N	N
Israel Bonds		3/10-13	Wash, DC-FtLau-Wash,DC	N	N	N	2 days
Miami Cong Workshop		4/28-5/1	Wash, DC-Miami-Wash,DC	Y	Y	N	1 day
Public Radio Develop Conf		7/15-7/16	Wash, DC-Atlanta, Wash	Y	N	N	1 day

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE REFERENCE SERVICE CENTER
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Philip S. English
(Full Name)

1721 Longworth H.O.B. Washington, D.C. 20515
(Mailing Address)

Daytime Telephone
(202) 225-5406

Filer Status	☒ Member of the U.S. House of Representatives	State ____ District ____	☐ Officer or Employee	Employing Office: ____
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Philip S. English

DATE (Month/Day/Year): 5/15/96

Name Philip S. English | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Erie City School District	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Philip S. English | Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Campbell Crane, Washington, D.C.	Speech	May 10, 1995	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Philip S. English

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X											X				
			1st Bank of Paducah, KY accounts				X									X						X								
JT	530 W. 6th St., Erie, PA *						X								X							X								
	* Value of this asset still does not exceed this category cap notwithstanding the purchase of a related family member's interest as detailed in Schedule IV																													

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Philip S. English

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	530 W. 6th St., Erie, PA	X			8-26-95		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank United of Texas, FSB											
	Houston, TX	Mortgage on 530 W. 6th St				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Philip S. English | Page 2 of 2

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chicago Mercantile Exchange	11/26-11/27	Erie, PA - Chicago - Wash, DC	Y	Y	N	N
	Congressional Research Service	Jan. 5-8	Wash, D.C - Williamsburg, VA				
			Wash, D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(1)

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 AM 9:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

JOHN ERIC ENSIGN
(Full Name)

7515 COLEY AVENUE, LAS VEGAS, NV 89117
(Mailing Address)

(202) 225-5965
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State NV District 1	☐ Officer or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: John E. Ensign

DATE (Month/Day/Year): 5/13/96

Name	Page
JOHN ERIC ENSIGN	2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	COALITION AGAINST REGRESSIVE TAXATION	SPEECH	MAY 2, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN ERIC ENSIGN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset											Block C: Type of Income						Block D: Amount of Income										Block E: Transaction
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP	Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del.							X						X											X				
		1st Bank of Paducah, KY accounts					X									X							X							
JT	NOTE RECEIVABLE, CHRISTOPHER YACH, DVM, CHTO, LAS VEGAS, NV								X							X										X			
JT	CHARLES SCHWAB - MONEY MARKET					X										X							X							
JT	NATIONS BANK - CHECKING			X												X					X									
JT	CONGRESSIONAL FEDERAL CREDIT UNION - CHECKING			X										X						X										
JT	SMITH BARNEY - MONEY MARKET			X										X							■	X								
JT	SMITH BARNEY - MONEY MARKET			X										X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN ERIC ENSIGN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	JOHN E. ENSIGN, DVM + GERALD L. PRIBYL, DVM, CHARTERED (DBA SOUTH SHORE ANIMAL HOSPITAL) OWNERSHIP SHARE (SEE NOTE① BELOW)			X									X						X										
	E + P PARTNERSHIP OWNERSHIP SHARE (SEE NOTE② BELOW)				X										PARTNERSHIP INCOME				X										

① NOTE: THIS INVESTMENT WAS NOT "PURCHASED" AND, THEREFORE, DOES NOT SHOW UPON SCHEDULE IV

THIS INVESTMENT WAS FUNDED BY A LOAN INCURRED BY THE ENTITY.

② NOTE: THE LAND + BUILDING, 3/4 ACRE, LAKE MEAD AND HARBOR ISLAND, LAS VEGAS, NV

AND THE RELATED FIRST INTERSTATE BANK OF NEVADA MORTGAGE WERE TRANSFERRED

TO THIS PARTNERSHIP. NO OTHER PURCHASE WAS MADE FOR THE PARTNERSHIP.

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SCHEDULE IV — TRANSACTIONS

Name JOHN ERIC ENSIGN | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
JT	INTERNATIONAL GAMING TECHNOLOGY STOCK		X		4/17/95	X									
JT	PLAYERS INTERNATIONAL, INC. STOCK		X		4/17/95	X									
JT	CAESARS WORLD STOCK		X		3/2/95	X									

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Name JOHN ERIC ENSIGN | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SEE "NOTE" ON SCHEDULE III -											
	CONTINUATION SHEET FOR INFOR-											
	MATION ON FIRST INTERSTATE											
	BANK MORTGAGE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICA ISRAEL EDUCATION FOUNDATION	AUG 16-23	LAS VEGAS - ISRAEL - LAS VEGAS	Y	Y	Y	N
	COURT APPOINTED SPECIAL ADVOCATES - FORT BEND	APR 23-25	LAS VEGAS - HOUSTON - LAS VEGAS	Y	Y	N	N

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INSIDE MAIL

JOHN ENSIGN
UNITED STATES CONGRESSMAN
DISTRICT ONE, NEVADA

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COMMITTEE ON STANDARDS

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U.S. HOUSE OF REPRESENTATIVES

May 15, 1996

(2)

MC

Ms. Nancy Johnson
Committee on Standards of Official Conduct
HT-2 The Capitol
U. S. House of Representatives
Washington, DC 20515

Dear Ms. Johnson:

Subsequent to filing our U. S. House of Representatives Financial Disclosure Statement for Calendar year 1995, we became aware of an item that should have been included on Schedule VII. Therefore, enclosed please find an amended Schedule VII for your review.

Please contact Saundra Johnson at (702) 228-3982 if you have any questions in this regard.

Sincerely,

John Ensign

John Ensign
Member of Congress

Enc.

PAID FOR BY JOHN ENSIGN FOR CONGRESS • 4012 S. RAINBOW BLVD., SUITE K-611, • LAS VEGAS, NV 89103

Name JOHN ERIC ENSIGN | Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICA ISRAEL EDUCATION FOUNDATION	AUG 16-23	LAS VEGAS - ISRAEL - LAS VEGAS	Y	Y	Y	N
	COURT APPOINTED SPECIAL ADVOCATES - FORT BEND	APR 23-25	LAS VEGAS - HOUSTON - LAS VEGAS	Y	Y	N	N
	NEWMONT MINING CORP.	JULY 7	DENVER, CO - ELKO, NV - LAS VEGAS, NV	N	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Anna Georges Eshoo
(Full Name)
40 Isabella Avenue - Atherton - California - 94027
(Mailing Address)
Daytime Telephone 415-323-2984

Filer Status	[X] Member of the U.S. House of Representatives	State: California Distrct: 14th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Anna G. Eshoo

DATE (Month/Day/Year) April 25 1996

Name Anna Georges Eshoo | Page 1 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of San Mateo, California / Retirement Fund	Retirement Benefit	$ 7271

For payments to charity in lieu of honoraria, use Schedule II.

Name Anna Georges Eshoo | Page 2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Pacific Bell, San Francisco, California (Donated directly to San Mateo County General Hospital Foundation) (8-30-95)	Speech in Menlo Park, Calif.	April 26, 1995	* 2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Anna Georges Eshoo | Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
	The Hartford Group / Deferred Comp Plan					X							Deferred Compensation Plan													X			
	County of San Mateo / Retirement		X										Retirement Plan										X						
	Great Western Bank / Checking	X												none								none							
	Great Western Bank / Savings		X												X					X									
	San Mateo Credit Union	X													X				X										
	Penn Mutual Life Ins. Co.	X													X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anna Georges Eshoo

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Wright Patman Credit Union	X													X				X										
	Paine Webber Inc.										X		X							X									P

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Name Anna Georges Eshoo | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Prudential Mortgage Company Pasadena, California	Mortgage on my home at: 40 Isabella Avenue Atherton, California					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	- None -	

Use additional sheets if more space is required.

Name Anna Georges Eshoo | Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assyrian Universal Alliance Foundation, Inc.	July 29-31 1995	Washington D.C-Chicago-Washington, D.C.	No	No	No	2 days
	(Airfare only for Scholarship Dinner) $427.00						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(5)

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Lane A. Evans
(Full Name)

2335 Rayburn HOB
(Mailing Address)

Washington, DC 20515
Daytime Telephone: (202) 225-5905

Filer Status	[x] Member of the U.S. House of Representatives	State: Illinois District: 17	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Lane A. Evans

DATE (Month/Day/Year) MAY 15, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lane A. Evans

Page 1 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	406 S. Capitol St, SE, Wash,DC						X							X									X						
	Plow & Planter Employees Credit Union, IRA, Moline,IL		X												X					X									
	Wright Patman Federal Credit Union, Savings Accts. & IRA Washington, DC				X										X							X							

For additional assets and unearned income, use next page.

Name Lane A. Evans | Page 2 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

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	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NationsBanc Mortgage Corp., Wash,DC	Mortgage on 406 S. Capitol				x						

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Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

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Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
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Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Vietnam Veterans of America	Aug.18-19	San Diego-Houston-				
			Moline, IL	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Skills, Inc., Moline, IL
Director	Center for Mind-Body Studies, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

R. Terry Everett
(Full Name)

208 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-2901

Filer Status	[X] Member of the U.S. House of Representatives — State: AL District: 2nd	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Terry Everett

DATE (Month/Day/Year): 5/10/96

1065

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representative	U.S. Representative	$126,165
	Union Springs Newspaper-Husband	Management	$ 20,800
	Union Springs Newspaper-Wife	Management	$ 10,400

For payments to charity in lieu of honoraria, use Schedule II.

Name R. Terry Everett	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
NONE			

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Name R. Terry Everett

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E
SP, DC, JT	Examples	SP	Mega Corp. Stock				X							X							X									P
			123 Main St., Dover, Del.						X						X											X				
			1st Bank of Paducah, KY accounts					X								X							X							
	Merrill-Lynch - CMA Funds				X									X									X							
	Merrill-Lynch - U.S. Treasury Note						X									X							X							S
	U.S. Treasury Notes/Merrill-Lynch								X							X										X				
	Enterprise, AL Due from Everett for Congress								X							X				X										
	400 Acre Farm-Houston County, AL							X	X						X									X						
	SANTA ROSA Beach ~~House Blue Mountain~~, FL *								X						X									X						

* Previously owned but not rental property. This property was left off last year by mistake. I will amend previous reports as required. TE

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. Terry Everett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Money Market Compass Bank, Dothan, AL				X										X				X										P
	Mobile County Municipal Bonds, Mobile, AL							X							X									X					
	Union Springs Newspaper, Inc., Stock, Union Springs, AL					X							X						X										
	Donaldsonville Newspaper Donaldsonville, LA		X												X				X										
	Dothan Federal CD, Dothan, AL						X								X									X					
	Congressional FCU, Washington, DC			X											X						X								
	Notes receivable on 5 personal residences in Coffee & Houston Cos., AL						X								X									X					~~P~~ rc
	Dothan Federal Savings, Dothan, AL						X								X							X							S
	Townhouse, Washington, DC						X												X										~~P~~ rc
	Dothan Federal Savings, C.D. Dothan, AL					X									X								X						P

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SCHEDULE IV — TRANSACTIONS

Name R. Terry Everett

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Merrill-Lynch - U.S. Treasury Note		X		5/95			X							
	Compass Bank - M.M., Dothan, AL	X			5/95			X							
	Dothan Federal - C.D., Dothan, AL		X		3/95					X					
	Dothan Federal - C.D., Dothan, AL	X			3/95				X						

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Name R. Terry Everett

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Compass Bank - Campaign Loans, Dothan, AL	Line of Credit / Personal						X				
	Magnolia Bank, Personal Home, Dothan, AL	Home Loan	X									
	Charles Taylor, Farm, Dothan, AL	Farm Loan				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name	R. Terry Everett	Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Asia-Pacific Exchange Foundation	Aug. 8-21	Washington, D.C.-Beijing, Xian, Shanghai & Shenzhen, People's Republic of China; Hong Kong; Dothan, AL	Y	Y	Y	N

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Name	R. Terry Everett	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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MAY 7 1996
(Office Use Only)

Thomas W. Ewing
(Full Name)

310 West Lincoln Street
(Mailing Address)

(815) 844-7660
Daytime Telephone:

Pontiac, IL 61764

Filer Status	[x] Member of the U.S. House of Representatives — State: IL District: 15	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

May 7 1996
DATE (Month/Day/Year)

Name	Page 2 of 10
Thomas W. Ewing	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Farm Mutual Automobile Insurance Co.	spouse salary	NA
	Satter, Beyer & Spires (deferred compensation for sale of assets and legal services performed prior to taking office in 1991)		$ 2,955
	State of Illinois		$41,731

For payments to charity in lieu of honoraria, use Schedule II.

Name	Thomas W. Ewing	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
The Tobacco Institute	Speech	March 21, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Thomas W. Ewing

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	DC 123 Main St., Dover, Del.							X						X											X				
	JT 1st Bank of Paducah, KY accounts					X									X							X							
	Pontiac National Bank (account) Pontiac, IL		X																X										
	Principal National Bank Corp. Inc. Pontiac, IL (stock)					X							X									X							
	Pontiac Bancorp., Inc. (stock) Pontiac, IL		X										X						X										
	Lexington Bank (account) Lexington, IL		X																X										
	State Bank of Graymont (account) Graymont, IL		X																X										
	Ewing Bros. Farm, Logan Co., IL 1/3 int. in 120 acres in trust for adult children					X								X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Thomas W. Ewing

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Connell Farm, Logan County, IL 1/4 int. in 137 acres					x								x					x										P
	S. Y. Ewing Trust Farm, McLean Co.,IL 1/2 Int. in 160 acres					x								x										x					
	Odell Farm Trust 625, 300 acres Livingston County, IL (gross income)						x							x										x					
	Newtown Farm, 92 acres Livingston County, IL (gross income)					x								x										x					
	Fairway View Subdivision, Livingston Co., IL 1/2 int. in 30 acres (gross income)		x													x			x										
	Fairway View Farm, Deerfield Rd.,Pontiac IL 1/2 int. in 30 acres (gross income)				x									x								x							
	McLean Rental House McLean County, IL (gross income)		x											x						x									
JT	Residence, 310 W. Lincoln St. Pontiac, IL					x													x										
	Livingston County Broadcasters, Inc. 2 shares		x										x						x										
	State of Illinois Employees Deferred Compensation Plan				x														na										
	State Farm Life Insurance Company Flexible Premium Annuity IRA		x																na										
	Lot 6, Gardner-Ewing Addition to Fairway View Subdivision,Pontiac, IL			x															x										
	Pontiac National Bank Thomas W. Ewing Profit Sharing Pension Plan Assets:																												
	Cash	x													x				x										
	Southwest Royalties Fund		x												x					x									
	Kemper Mutual Fund Govt. Portfolios		x										x							x									
	Illinova Corp formerly IL Power stock		x										x							x									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Principal National Bank Corp. stock			X									X							X									
	WMX Technologies, Inc. stock		X										X						X										
	Bank of IL in Galesburg stock		X										X							X									
	Browning Ferris Inds. Inc.		X										X						X										
	General Electric Co.		X										X						X										
	McDonald's Corp.		X										X						X										
	Pepsico		X										X						X										
	A T & T		X										X							X									
	NWNL Companies	X											X							X									
SP	Principal National Bancorp stock			X									X							X									
SP	State Farm Illinois FCU			X											X							X							
SP	Bank One Savings	X													X				X										
SP	Bank One Checking		X																X										
SP	State Farm Growth Fund, Inc. Mutual Fund					X							X									X							
SP	State Farm Balanced Fund Mutual Fund				X								X								X								
SP	LaGrange Condo, 416 East Ave., Cook County, IL				X									X							X								P
JT	D.C. Condo, 761 Delaware SW Washington, DC					X								X								X							P

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SCHEDULE IV — TRANSACTIONS

Name: Thomas W. Ewing

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	D.C. Condo, 761 Delaware SW Washington, DC	x							x						
	LaGrange Condo, 416 East Street LaGrange, IL	x						x							
	Connell Farm Logan County, IL	x						x							

This page may be copied if more space is required.

Name Thomas W. Ewing

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Pontiac National Bank, Pontiac, IL	Mortgage on 310 W. Lincoln St. Pontiac, IL				x						
	Pontiac National Bank, Pontiac, IL	Mortgage on Odell, IL farm			x							
SP	Pontiac National Bank, Pontiac, IL	Mortgage on LaGrange, IL condo			x							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Horse Council (Thomas Ewing)	May 5-7	Wash.,DC-Louisville, KY-Lexington, KY-Wash.DC	y	y	y(spouse)	n
(Connie Ewing)		Chicago, IL-Louisville, KY-Chicago, IL				
American Peanut Shellers Association	Aug. 18-22	Chicago, IL-Atlanta, GA-Albany, GA-Atlanta, GA-Chicago, IL	y	y	y(spouse)	2 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Principal National Bank Corporation, Inc. (Uncompensated)
Director	Livingston County Broadcasters, Inc. (Uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	State of Illinois Deferred Compensation Plan	No distribution until age 65.
	State of Illinois General Assembly Pension	Benefits currently being received-payable at age 55.
	Thomas W. Ewing Profit-Sharing Pension	Owner of this plan does not currently qualify for any benefits under this plan.

GPO 1998 22-842 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 17 PM 3:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Hon. Eni F. H. Faleomavaega
(Full Name)

2422 Rayburn House Office Bldg.
(Mailing Address)

Washington, DC 20515

202-225-8577
Daytime Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State: Am. Samoa District: At Large	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Eni Faleomavaega

DATE (Month/Day/Year) May 16/96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Continental Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name ENI F.H. FALEOMAVAEGA | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
SP	IDS American Express (Accounts) Minneapolis, Minnesota					X							X		X	X							X						

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Indian Gaming Association	Aug 19-20	Wash,DC - Milwaukee - Salt Lake City	Y	N	N	N
	Utah Families Foundation	Aug 20-22	Salt Lake City - Los Angeles	Y	N	N	N
	Greenpeace	Aug 23 - Sep 10	Los Angeles - Papeete, Tahiti - Washington, DC	Y	Y	N	12 days
	Note: For the above Greenpeace trip, three days were travel days, 4 days were at Greenpeace expense while I was on one of their boats, I was in the custody of the French Government for one day, and the remaining days were at my own expense.						
	Institute for Foreign Policy Analysis, Inc.	Jul 26-28	Wash, DC - Honolulu - San Francisco	Y	Y	N	N
	National Indian Gaming Association	Apr 26-29	Ontario, CA - Wash, DC	Y	N	N	2 days
	Chinese National Assoc. of Industry and Commerce, Taipei,Inc.	Apr 17-25	Pago Pago - Taipei - Wash, DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Dir.	Congressional Asian Pacific American Caucus Institute
	Note: I receive no compensation for this position.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

HAND DELIVERED (7)

RECEIVED

96 MAY 15 PM 4:27

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

MC

SAM FARR
(Full Name)

1117 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-2861

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 17	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Sam Farr

DATE (Month/Day/Year): 5/15/96

1089

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Financial Transitions Institute	Spouse's Income from consulting	N/A
	Hospice of Monterey	Spouse's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name SAM FARR

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP																											
						X								X							X								P
									X						X										X				
							X									X						X							
	Chevy Chase Land Co. Stock				X									X															
	Devil's Flat Assn. Membership			X																X									
	Point 16, Big Sur, CA				X															X									
	Interest in CA State Retmnt Sy				X															X									
	Sorensen's Resort Ltd. Prtnshp				X															X									
	1529 Washoe Way, Tahoe City,CA				X										X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SAM FARR

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Dean Witter Mutual Funds			X									X							X									
	Bank of America Stock		X										X						X										
JT	Lots 2,9,10 SE Corner Santa Lucia					X													X										
S	& Camino Real, Carmel, CA Bennett Properties Ltd. Partnership		X												X								X						
DC	Chas. Bennett Trust Beneficiary				X										X							X							
	Remainder Interest in Janet H. Farr Trust as follows: (one-half interest)																												
	AT&T Stock			X															X										
	Boeing Co. Stock			X															X										
	Bristol Meyers Squibb Stock			X															X										
	General Electric Co. Stock			X															X										
	Great Western Financial Corp. Stock		X																X										
	Hewlett Packard Stock			X															X										
	Intel Corp. Stock			X															X										
	IBM Corp. Stock		X																X										
	ITT Corp. Stock			X															X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name SAM FARR

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Remainder Interest in Janet H. Farr Trust (continued)																												
	Merck & Co. Stock			X															X										
	Motorola Inc. Stock			X															X										
	Pfizer Inc. Stock				X														X										
	SF Fed. Stock			X															X										S
	S.F.																												
	Schlumberger Ltd. Stock		X																X										
	WMX Technologies Stock		X																X										
	Dean Witter Liquid Assets Fund		X																X										
	El Paso Natural Gas		X																X										
	Chevron			X															X										
	Colgate Palmolive Co.		X																X										P

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SCHEDULE IV — TRANSACTIONS

Name SAM FARR

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	El Paso Natural Gas Stock (held by Janet H. Farr Trust)	X			11/3/95	X									
	Colgate Palmolive Co. Stock (held by Janet H. Farr Trust	X			8-17-95	X									
	SF Fed. Stock (held by Janet H. Farr Trust)		X		3-30-95		X								
	Intel Corp. Stock (held by Janet H. Farr Trust)		X		3-30-95	X									

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Name SAM FARR | Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Council for State Governments	Dec. 1-4	Wash. DC-San Juan PR-Wash DC	Y	Y	N	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

Chaka Fattah
(Full Name)

1205 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-4001

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL Chaka Fattah

DATE (Month/Day/Year) 5/15/96

1096

Name Chaka Fattah	Page ___ of ___

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Law Office of Patricia M. Renfroe	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Chaka Fattah | Page ____ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Provident Bank IRA, Broad and Chestnut Streets, Philadelphia, PA 19102	$1,001 - $15,000	Interest	NA	NA
	State Employee Retirement System	$100,001 - $250,000	Pension	$2,501 - $5,000	NA

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Name Chaka Fattah	Page ____ of ____

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, propnetor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Trustee	Lincoln University
Trustee	Community College of Philadelphia
Board Member	Center for Human Advancement
Board Member	Philadelphia Urban League
Board Member	

Name Chaka Fattah	Page __ of __

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	CoreStates	Personal Loan	$10,001 - $15,000
	Sallie Mae	Student Loan - Daughter's College tuition	$15,001 - $50,000

1100

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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Harris W. Fawell
(Full Name)

444 S. Sleight Street
(Mailing Address)

708-355-3563
Daytime Telephone

Naperville, IL 60540

Filer Status	[X] Member of the U.S. House of Representatives	State: IL Distrct: 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Harris W. Fawell

DATE (Month/Day/Year) May 8, 1996

Name Harris W. Fawell	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Illinois	Pension	$19,677
	State of Illinois Teacher Fund (Spouse)	NA	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Harris W. Fawell | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Labor Policy Association, Washington D.C.	Speech	March 11, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Harris W. Fawell

Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	First Col. Bank of DuPage County-Stock		X										X						X										
	First Chicago NDB Corporation (formerly First Chicago Corporation)					X							X									X							
	Harris Bank Naperville IRAs			X											X							X							
	RR Bedford Money Market		X												X					X									
	Harris Bank Naperville Money Market			X											X						X								
	101 N. Washington Office Building (1/3rd Owner)					X								X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Harris W. Fawell

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	121 Venture Office Building (1/3rd ownership)					X								X									X						
	Beaver Island, MI Real Estate					X													X										
	Nalco Stock			X									X							X									
	Harris Bank Naperville Money Market (Spouse)		X												X						X								
	Gruntal and Co (IRA Trust) roll-over Trustee in lieu of State Street Bank,						X						X		X	X								X					
	Boston, MA, and Charles Schwab and Co., previous IRA trustees																												
	Travelers Life Ins.-Spouse retirement tax sheltered annuities					X							X		X	X								X					
	John Alden Life Ins.-spouse retirement tax sheltered annuity (formerly included under Travelers Life Ins.-tax sheltered annuity)				X								X		X	X					X								
	Naperville Electric Bond		X												X					X									
	Baxter, International		X										X							X									
	Caremark, International		X										X							X									
	Illinois Health Facility Bond		X												X					X									
	DuPage County, IL Bond		X												X					X									
	Intermountain Power Agency Bond		X												X					X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Harris W. Fawell

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	General Electric Common Stock		X												X					X									P
	Nevada State Lake Tahoe Bond		X																										P
	Will County Forest Preserve Bond		X												X					X									P
	Springfield, IL Water Revenue Bond			X											X					X									P
	Harris Bank Naperville - certificate of deposit (Spouse Inheritance)			X											X						X								

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1106

SCHEDULE IV — TRANSACTIONS

Name Harris W. Fawell

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Intermountain Power Agency Bond		X		7-03-95	X									
	General Electric Common Stock	X			7-18-95	X									
	Nevada State Lake Tahoe Bond	X			12-29-95	X									
	Will County Forest Preserve Dist. Bond	X			7-06-95	X									
	Springfield, IL Water Revenue Bond	X			1-26-95		X								

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Name Harris W. Fawell

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Harris Bank Naperville, Naperville, IL	Mortgage on 121 Venture office building (1/3rd ownership			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Labor Policy Association	Mar.11,1995	Wash.,D.C.-Newport News,VA (air travel)	Y	Y	Y	1 Day
		Limousine from Newport News to Williamsburg, VA				
		(Spouse drove to Williamsburg at her own expense. I and				
		spouse both drove back to Wash.,D.C. at own expense				
		after staying an extra day at Williamsburg Inn				

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	North Central College, Naperville, IL

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 15 PM 3:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
MC
(Office Use Only)

VICTOR H. FAZIO, JR.
(Full Name)

2113 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515 — Daytime Telephone: (202) 225-5716

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Victor H. Fazio Jr. — **DATE** (Month/Day/Year) 5/14/96

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Name	VICTOR H. FAZIO, JR	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	ARTER & HADDEN	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name VICTOR H. FAZIO, JR.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	354 Bridge Pl,W.Sacramento,CA				X									X								X							
	MLPFS CMA Fund (Money Market)		X												X						X								
	WNC CA Housing Tax Credits III		X																X										
	AFC Cherokee Housing Partners			X															X										
	LA County M.L. King Hospital Bonds		X										X							X									
	Bakersfield, CA Redevelopment Agency Bonds			X									X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name VICTOR H. FAZIO, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	SEP/IRA MLPFS consisting of:																												
	ML Growth Fund for Investment		X										X						X										
	ML Retirement Reserves	X											X						X										
	ML Global Holdings		X										X						X										P & S
	Comstock Prtnrs Strategy Fd.		X										X							X									S
	American Capital Emerging Growth Fd (Van Kampen)		X										X			X				X									P
	ML Basic Value Fund		X										X							X									P
	ML Euro Fund		X										X						X										P & S
	ML PACIFIC FUND		X										X						X										P
	ML Special Value Fund		X										X						X										P
	ML Dragon Fund		X										X						X										P
	U.S. Treas. Strips			X															X										P
	Resolution Funding Corp.		X																X										
	ML Corp Bond Fund		X										X							X									
	CD Coast Fed. Bank		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name VICTOR H. FAZIO, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	CD Bank of America Arizona (formerly Bk of Amer Ill)		X												X					X									
	CD Glendale Fed		X												X					X									S
	CD Bank United of Texas		X												X					X									
SP	SEP/IRA MLPFS consisting of:																												
	ML SHT TRM GLBL		X										X							X									S
	Wisc. Power & Light		X										X						X										
	CD Glendale Fed		X												X					X									S
	ML Basic Value Fund		X										X							X									P
	CD Bank United of Texas		X												X				X										
	Ford Motor Credit Co Notes		X												X					X									
	ML Global Holdings		X										X						X										P & S
	ML Growth Fund for Invest-Retire.		X										X						X										P
	ML Dragon Fund		X										X						X										P
	ML Retirement Reserves	X											X						X										P
	ML Corp. Bond Fund		X										X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name VICTOR H. FAZIO, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	ML Pacific Fund		X										X																P
	ML Euro Fund	X											X						X										P & S
	American Capital Emerging Growth Fund (Van Kampen)		X										X			X				X									P
	U.S. Treas. Strips		X																X										P
SP	Arter & Hadden Retire. Plan (US Treasury Money Market)		X										X						X										P

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SCHEDULE IV — TRANSACTIONS

Name VICTOR H. FAZIO, JR.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	SEP/IRA MLPFS - self - TRANSACTIONS:														
	Comstock Partners Strategy Fund		X		12-5-95	X									
	CD Glendale Fed		X		7-24-95	X									
	ML Global Holdings	X			Mo. Div Reinvest	X									
	ML Global Holdings		X		12-5-95	X									
	ML Euro Fund	X			Mo. Div Reinvest	X									
	ML Euro Fund		X		12-5-95	X									
	American Capital Emerging Growth Fd (Van Kampen)	X			Mo. Div Reinvest	X									
	ML Basic Value Fund	X			Mo. Div Reinvest	X									
	ML Pacific Fund	X			12-5-95	X									
	ML Special Value Fund	X			Mo. Div Reinvest	X									
	ML Dragon Fund	X			12-5-95	X									
	U.S. Treas. Strips	X			12-4-95 12-5-95	X									
	ML Retirement Reserves	X			12-31-95	X									
SP	SEP/IRA MLPFS - spouse _ TRANSACTIONS:														
	ML SHT TRM GLBL		X		12-5-95	X									

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SCHEDULE IV — TRANSACTIONS

Name VICTOR H. FAZIO, JR.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-95		X								
	CD Glendale Fed		X		7-24-95	X									
	ML Global Holdings	X			Mo. Div Reinvest	X									
	ML Global Holdings		X		12-5-95	X									
	ML Euro Fund	X			Mo. Div Reinvest	X									
	ML Euro Fund		X		12-5-95	X									
	ML Basic Value Fund	X			Mo. Div Reinvest	X									
	ML Growth Fund for Invest-Retire	X			Mo. Div Reinvest	X									
	ML Dragon Fund	X			12-5-95	X									
	ML Corp. Bond Fund	X			12-5-95	X									
	ML Pacific Fund	X			12-5-95	X									
	American Capital Emerging Growth Fund (Van Kampen)	X			Mo. Div Reinvest	X									
	U.S. Treas. Strips	X			12-7-95	X									
SP	Arter & Hadden Retire. Plan	X			12-31-95	X									

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Name VICTOR H. FAZIO, JR. Page 9 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Crossland Mortgage Corp.	Mortgage on 354 Bridge Pl, W.Sacramento,CA		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (uncompensated)	Junior Statesmen Foundation
Director (uncompensated)	National Italian American Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Cleo Fields
(Full Name)

218 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515 — Daytime Telephone (202) 225-8490

Filer Status	[X] Member of the U.S. House of Representatives	State: LA District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year)

Name Cleo Fields | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1994	$500
United Negro College Fund, St. Louis, MO.	Speech	5/6/95	requested $2,000
Minorities United in the Southern Region, Houston Texas	Speech	6/10/95	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Cleo Fields

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	Premier Bank Accts (BTR, LA)		X												X					X									
	Hancock Bank Accts (BTR, LA)		X												X					X									
	Congressional FCU (DC)				X										X							X							
	Paragon Portfolio (IRA) BTR,LA			X										N/A							N/A								
	2525 77th Ave., BTR, LA				X									N/A							N/A								
	846 North Boulevard, BTR, LA			X										N/A							N/A								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cleo Fields

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	4824 Evangeline, BTR,LA			X										X									X						
	5315 Hollywood St., BTR, LA			X										N/A							N/A								
	Fields for Governor Loan			X											X				X										S-repay

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SCHEDULE IV — TRANSACTIONS

Name Cleo Fields

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Fields for Governor Repayment		X-repay		12-95		X								

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Name Cleo Fields

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Premier Bank Loans (Lenoir) BTR, LA	Mortgage on 77th Ave. & Hollywood		X								
	Congressional FCU, DC	Personal Loans		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Negro College Fund	5/6-7/95	NO, LA-St. Louis-BTR,LA	Y	Y	N	N
	MUSR-Min. United in So. Reg	6/10-11/95	NO, LA-Houston-NO,LA	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Congressional Youth Leadership Council Advisory Board
Board Member	National Rainbow Coalition

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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JACK FIELDS
(Full Name)

2228 RAYBURN BUILDING — 202-225-4901
(Mailing Address) — Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Jack Fields

DATE (Month/Day/Year): 5/15/96

1129

Name	JACK FIELDS	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	National Cable TV Association, Wash. D.C.	Speech	May 7, 1995	$1500
	Chicago Board Options Exchange, Chicago IL	Speech	June 7, 1995	$1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: JACK FIELDS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset											Block C: Type of Income						Block D: Amount of Income										Block E: Transaction
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X							X									P
	123 Main St., Dover, Del.								X						X											X				
	1st Bank of Paducah, KY accounts						X									X							X							
	Rosewood Memorial Park, Inc. Stock								X					NONE						X										
	Rosewood Funeral Home, Inc. Stock								X					X											X					
	Rosewood Memorial Park N. Inc.Stock								X					NONE						X										
	7711 Peacock, Humble, TX				X										X								X							
	Rosewood Enterprises, Inc. Stock					X								NONE						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JACK FIELDS

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
	Wright Patman Congressional Credit Un		X												X				X										
	One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County Texas (formerly part of blind trust)	X												ROYALTY						X									
	One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas (formerly part of blind trust)	X												ROYALTY						X									
	First Interest Bank (Humble, TX)		X												X					X									
	Texas Commerce Bank (Humble, TX)		X												X				X										
	Nations Bank (Conroe, TX)		X												X				X										
	Prime Bank (New Caney, TX)		X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name JACK FIELDS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NONE.														

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Name JACK FIELDS

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Gibraltor Savings and Loan	Mortgage on 7711 Peacock Humble TX		X								
	Prime Bank (Formerly Channelview Bank)	Personal Loan		X								
	Prime Bank (Formerly Channelview Bank)	Personal Loan					X					
	Wright Patman Congressional Credit Union	Personal Loan	Paid off in 1995									
	Nation's Bank	Personal Loan					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Safari Club International	Feb. 3-5	Wash.D.C.--LasVegas--Houston	Y	Y	Y	N
	Mutual Funds Investment Mgt Conf	Mar.19-20	Houston-PalmSpgs-Wash.D.C.	Y	Y	Y	N
	Pacific Telesis	3/31-4/3	Houston-SanFrancisco-Hou.	N	N	N	N
	Sprint	Apr.8-11	Houston-Denver-Houston	Y	Y	Y	N
	Nat'l Cable TV Assn Conv.	May 7-8	Wash.DC - Dallas - WashDC	Y	Y	N	N
	Fundacion Integracion	5/29-6/4	Houston-BuenosAires-Houston	Y	Y	Y	N
	A-P Exchange Foundation	6/30-7/9	Houston-Brazil-Argentina-Houston	Y	Y	Y	N
	Metropolitan Society of Kardamylians	Aug.9-18	Houston-Athens, Greece	Y	Y	Y	N
	RIPON Society	Aug.19-25	Athens to Dublin, Ireland to Houston, TX	Y	Y	Y	N
	Citizens Committee to Keep and Bear Arms	Sept. 30	Houston to Dallas	N	N	N	N
	TX Assn of Broadcasters	Oct. 1	Dallas to San Antonio to Houston	N	N	N	N
	Center for a Popular Culture	Oct.7	Houston to Los Angeles	N	N	N	N
	Airtouch	Oct.8-9	L.A. to San Francisco to Houston	Y	Y	N	N
	Peabody Holding Company	Oct.26-29	WashDC-Cheyene WY-Houston	Y	Y	Y	N
	US Telephone Assn	Nov.3-5	Houston-Orlando-Houston	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President	Rosewood Memorial Park, Inc.
Vice President	Rosewood Funeral Home, Inc.
Vice President	Rosewood Enterprises, Inc.
Vice President	Rosewood Memorial Park North, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
N/A	N/A	N/A

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

JACK FIELDS
(Full Name)

2228 RAYBURN BUILDING — 202-225-4901
(Mailing Address) — Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — Jack Fields

DATE (Month/Day/Year) 5/21/96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name	JACK FIELDS	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	National Cable TV Association, Wash. D.C.	Speech	May 7, 1995	$1500
	Chicago Board Options Exchange, Chicago IL	Speech	June 7, 1995	$1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: JACK FIELDS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP	Mega Corp. Stock				X								X							X								P
		123 Main St., Dover, Del.							X						X										X				
		1st Bank of Paducah, KY accounts					X									X						X							
	Rosewood Memorial Park, Inc. Stock								X					NONE						X									
	Rosewood Funeral Home, Inc. Stock								X					X										X					
	Rosewood Memorial Park N. Inc.Stock (Repurchased)								X					NONE						X									
	7711 Peacock, Humble, TX				X										X								X						
	Rosewood Enterprises, Inc. Stock					X								NONE						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JACK FIELDS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Wright Patman Congressional Credit Un		X												X				X										
	One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County Texas (formerly part of blind trust)	X											ROYALTY							X									
	One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas (formerly part of blind trust)	X											ROYALTY							X									
	First Interest Bank (Humble, TX)		X												X					X									
	Texas Commerce Bank (Humble, TX)		X												X				X										
	Nations Bank (Conroe, TX)		X												X				X										
	Prime Bank (New Caney, TX)		X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name JACK FIELDS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NONE.														

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Name	JACK FIELDS	Page 7 of 9

SCHEDULE V — LIABILITIES

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SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
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	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Gibraltor Savings and Loan	Mortgage on 7711 Peacock Humble TX		X								
	Prime Bank (Formerly Channelview Bank)	Personal Loan		X								
	Prime Bank (Formerly Channelview Bank)	Personal Loan					X					
	Wright Patman Congressional Credit Union	Personal Loan	Paid off in 1995									
	Nation's Bank	Personal Loan					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

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Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

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	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Safari Club International	Feb. 3-5	Wash.D.C.--LasVegas--Houston	Y	Y	Y	N
	Mutual Funds Investment Mgt Conf	Mar.19-20	Houston-PalmSpgs-Wash.D.C.	Y	Y	Y	N
	Pacific Telesis	3/31-4/3	Houston-SanFrancisco-Hou.	N	N	N	N
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	Nat'l Cable TV Assn Conv.	May 7-8	Wash.DC - Dallas - WashDC	Y	Y	N	N
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	A-P Exchange Foundation	6/30-7/9	Houston-Brazil-Argentina-Houston	Y	Y	Y	N
	Metropolitan Society of Kardamylians	Aug.9-18	Houston-Athens, Greece	Y	Y	Y	N
	RIPON Society	Aug.19-25	Athens to Dublin, Ireland to Houston, TX	Y	Y	Y	N
	Citizens Committee to Keep and Bear Arms	Sept. 30	Houston to Dallas	N	N	N	N
	TX Assn of Broadcasters	Oct. 1	Dallas to San Antonio to Houston	N	N	N	N
	Center for a Popular Culture	Oct.7	Houston to Los Angeles	N	N	N	N
	Airtouch	Oct.8-9	L.A. to San Francisco to Houston	Y	Y	N	N
	Peabody Holding Company	Oct.26-29	WashDC-Cheyene WY-Houston	Y	Y	Y	N
	US Telephone Assn	Nov.3-5	Houston-Orlando-Houston	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

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Vice President	Rosewood Funeral Home, Inc.
Vice President	Rosewood Enterprises, Inc.
Vice President	Rosewood Memorial Park North, Inc.

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Date	Parties To	Terms of Agreement
N/A	N/A	N/A

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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(Full Name) BOB FILNER

(Mailing Address) 504 CANNON HOUSE OFFICE BLDG.
WASHINGTON, D.C. 20515

Daytime Telephone 225-8045

Filer Status	[X] Member of the U.S. House of Representatives	State District CA 50	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Bob Filner

DATE (Month/Day/Year): May 10, 1996

Name BOB FILNER | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SELF-EMPLOYED CONSULTANT	SPOUSE SALARY	NA
	PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	9,610.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB FILNER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	DC 123 Main St., Dover, Del.							X						X											X				
	JT 1st Bank of Paducah, KY accounts					X									X							X							
	CMA MONEY FUND (MERRILL LYNCH)		X										X							X									
	GREENWICH PROPS. (LIMITED PART)	X													X	X			X										Liquidated
	GUARDIAN MUTUAL FUND (NEUBERGER BERMAN)		X										X			X				X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	ML TECHNOLOGY VENTURES (LP)		X												X	X				X									
	NAT'L HEALTH INSUR CO. #1 (TSA)		X												X					X									
	NUVEEN CA. TAX-FREE FUND					X							X									X							
	NUVEEN TAX EXEMPT UNIT TRUST	X													X	X							X						E
	OCTUS, INC. (PREF. STOCK)		X										X						X										
	SAN DIEGANS for BOB FILNER (LOAN)				X										(NA)				X										
	USE CREDIT UNION		X												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	BANK of AMERICA (CHECKING)		X												X				X										
	CONGRESSIONAL FCU	X													X				X										
	L.A. COUNTY SANIT. BONDS		X												X					X									
	ML IRA (ROLLOVER)			X									X			X				X									
	SAN DIEGO COUNTY CTFS BONDS [2001]		X												X					X									
	CALIFORNIA ST. BOND			X											X						X								
	SAN DIEGO COUNTY CTFS BONDS [2002]			X											X						X								
	CALIF. HLTH. FCS BOND			X											X					X									
	NAT'L HEALTH INSUR CO. #2 (TSA)				X										X							X							

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SCHEDULE IV — TRANSACTIONS

Name BOB FILNER | Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	GREENWICH PROPERTIES	Liquidation of Limited Partnership			12-31-95	under $1,000									
	NUVEEN TAX EXEMPT UNIT TRUST	Bonds redeemed - Capital transferred to Nuveen CA. Tax-Free Fund			11-15-95				X						

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Name BOB FILNER | Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SAN DIEGO NATIONAL BANK	PERSONAL LOAN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NA	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN-ISRAEL EDUCATION FDN	AUG 7-13	WASH, D.C - ISRAEL - WASH, DC	Y	Y	Y	N
	AMERICAN ASSOC. of ACU PUNCTURE	MAR 31-APR 2	WASH, D.C - DALLAS, TX - WASH, DC	Y	Y	Y	N
	ASSOC OF AMERICAN RAILROADS	JULY 8-10	SAN DIEGO, CA - JACKSON HOLE, WY - WASH, DC	Y	Y	Y	N
	AUDIO TEXT FORUM	JULY 28	WASH, DC - LAS VEGAS, NV - SAN DIEGO, CA	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 20 AM 10: 24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(2)
MAY 15 1996
MC
(Office Use Only)

Michael Patrick Flanagan
(Full Name)

2703 W. Ardmore
(Mailing Address)

(202) 225-4061
Daytime Telephone

Chicago, IL 60659

Filer Status	[X] Member of the U.S. House of Representatives	State: Illinois District: 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 15, 1996

Name Michael Patrick Flanagan | Page 2 of 2

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Harris Bank, Chicago, IL	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 16 AM 9:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

(a)

Thomas M. Foglietta
(Full Name)

Hopkinson House, Apt. 3003, 6th & Washington Square (215) 925-6840
(Mailing Address) Daytime Telephone

Philadelphia, PA 19106

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year): May 15, 1996

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Onlario County Board of Education	Spouse Salary	NA
	City of Philadelphia	Pension	10457.
	IRA Distribution - Raymond James & Associates, Inc.	IRA Retirement Withdrawal	3056.

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas M. Foglietta | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas M. Foglietta

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Interest Personal Savings Account Congressional Federal Credit Union		X												X				X										
	Sales of Security - Capital Gains																												
	213 Sh. Safeguard Scientifics, Inc.	X														X			X										S
	IRA Account @ Raymond James & Assoc. 460 Sh. National Media Corp.		X													X			X										P
	(Rolled Over from Midlantic Bank)																												
	1000 Sh. Yardville National Bancorp			X									X						X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Foglietta

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Gross Rental Income - 721 Fitzwater St, Phila., PA					X								X										X					
	Gross Rental Income - 708 Clymer St Phila., PA				X									X									X						
	2 Ground Lots, Kidder Township Lake Harmony, PA					X										X			X										
	210 Associates Real Estate Ptrship (Prop Address 210 N. 13th St. Phila PA)					X										X			X										
	910 Sh. National Media Corp.			X												X			X										P
	IRA Account at Raymond James 700 Sh. HDS Network Systems	X														X													P,S

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Foglietta

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	Safeguard Scientifics, Inc. - Sold Trough Raymond James Security Account		X		01-25-95	X									
	National Media Corp - Purchased through Raymond James Security Account	X			01-19-95	X									
	National Media Corp. - Purchased through Raymond James Security Account	X			01-25-95	X									
	Safeguard Scientifics, Inc. - Sold through Raymond James Security Account		X		01-19-95	X									
	Safeguard Scientifics, Inc. - IRA Account at Raymond James Security Account		X		02-23-95	X									
	Yardville National Bancorp - Purchased through Legg Mason Security Account	X			06-09-95	X									
	HOS Networks Systems - IRA Account at Raymond James Security Account	X	X		02-23-95 06-16-95	X X									
	National Media Corp - IRA Account at Raymond James Security Account	X			03-15-95	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Costa Rica/American Chamber of Commerce	May 28 - June 3	Phila., PA. - San Jose C.R. - Phila., PA	Y	Y	N	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	210 Associates (Investment Property - 210 N. 13th St., Phila., PA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

THOMAS M. FOGLIETTA
1ST DISTRICT, PENNSYLVANIA

COMMITTEE ON APPROPRIATIONS

CONGRESSIONAL URBAN CAUCUS,
CHAIRMAN

INSIDE MAIL

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LEGISLATIVE RESOURCE CENTER
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Congress of the United States
House of Representatives
Washington, DC 20515

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WASHINGTON, D.C. 20515–3801
(202) 225–4731

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PHILADELPHIA, PENNSYLVANIA 19106–1638
(215) 925–6840

ANTHONY GREEN
ADMINISTRATIVE ASSISTANT-COUNSEL

May 30, 1996

(2)

MC

The Clerk, U.S. House of Representatives
Legislative Resource Center
1036 Longworth HOB
Washington, DC 20515-6612

To whom it may concern:

Attached you find an original and three copies of page 7 of my financial disclosure statement. I was granted a 30 day extension for the purpose of preparing this document and I am hereby forwarding it to you for filing.

Sincerely,

THOMAS M. FOGLIETTA
Member of Congress

TMF/ag

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

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LEGISLATIVE RESOURCE CENTER
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Name Thomas M. Foglietta

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Midlantic Bank	Mortgage 721 Fitzwater St. Phila., PA - Rental Property				X						
	Jefferson Bank	Personal Loans		X								
	Midlantic Bank	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1994

FORM A
For use by Members, officers, and employees

MARK ADAM FOLEY
(Full Name)

3507 Village Boulevard Unit 304 — 407/640-9701
(Mailing Address) — Daytime Telephone

West Palm Beach, Florida 33409

Filer Status	[X] Member of the U.S. House of Representatives — State: Florida District: 16	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be suoject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Mark A Foley

DATE (Month/Day/Year) 5/14/96

Name	MARK ADAM FOLEY	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	MARK ADAM FOLEY	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500

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Name MARK ADAM FOLEY

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	1 17th Avenue South,Lake Worth,FL (Vacant Lot)						X					X					X										
Jt	Apt 118, Hotel Aspen, Aspen, CO					X						X										X					
Jt	504 Lucerne Avenue, Lake Worth, FL						X							X									X				S
	Great Western Savings			X									X						X								
	257 CV REIT, Inc			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARK ADAM FOLEY

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	100 Great Western Financial			X							X							X									
	1117.40 Smith Barney Money Fund			X									X					X									
	1000 Banyan Hotel Invest		X								X						X										
	200 Televideo Systems		X								X						X										
	Life Insurance Policy				X								X								X						
	Stock: Foley - Smith, Inc				X												X										
	Stock: Foley Capital Corp			X													X										
	200 Dycom			X							X							X									P
	200 Florida Power & Light			X							X								X								
	504 Lucerne Avenue 33 1/3% Interest in Mortgage Receivable					X							X								X						
	Wright Patman Congressional Credit Union		X										X					X									

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SCHEDULE IV — TRANSACTIONS

Name MARK ADAM FOLEY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–94		X					
Jt	504 Lucerne Avenue		X		4–10–95				X			

This page may be copied if more space is required.

Name MARK ADAM FOLEY

SCHEDULE V — LIABILITIES

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SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Great Southern Bank	Mortgage on 1 17th Avenue South			X				
Jt	UTE City Mortgage	Mortgage 118 Hotel Aspen			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

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Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat'l Assn of Realtors	Feb 4 - 5	West Palm Beach-Orlando-West Palm Beach	Y	Y	N	N
	FL Fruit & Vegetable Assn	Sept 14-15	Washington-Jacksonville-Washington	Y	Y	N	N
	U.S. Sugar Corporation	Jan 19-20	Washington-Miami-Washington	Y	N	N	N
	FL Chamber	Jun 1 - 3	Miami-Orlando-West Palm Beach	Y	Y	N	N
	Ft Bend Cmsa	Apr 22-25	San Francisco-Houston-West Palm Beach	Y	Y	N	N

This page may be copied if more space is required.

Name MARK ADAM FOLEY	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1995 88–324 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(5) HAND DELIVERED
RECEIVED
96 MAY 15 PM 3:28
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

Michael P. Forbes
(Full Name)

c/o George R. Sullivan, CPA - P.O. Box 500
(Mailing Address)

Southold, New York 11971

Daytime Telephone
516-765-1118

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/96

Name Michael P. Forbes	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Services Administration	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael P. Forbes

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B											Block C							Block D										Block E
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP	Mega Corp. Stock				X								X							X										P
		123 Main St., Dover, Del.							X						X										X						
		1st Bank of Paducah, KY accounts					X									X							X								
JT	Residence, Quogue, New York							X							X									X						
* JT	Condominium, Arlington, Virginia						X								X								X							

For additional assets and unearned income, use next page.

* Owned jointly with spouse and other persons

Name Michael P. Forbes | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Chase Manhattan Bank, New York, New York	Mortgage on 2 Seuss Path Quogue, NY				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Forbes & Gallagher

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
96 JUN -3 PM 3:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Harold E. Ford
(Full Name)

2773 Unicorn Lane, N. W. Washington, D. C. 20015 (202) 225-3265
(Mailing Address) Daytime Telephone:

MAY 29 1996 (8)
(Office Use Only)

Filer Status	[x] Member of the U.S. House of Representatives	State: Tennessee Distrct: 9th	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Harold E. Ford

DATE (Month/Day/Year): 5/29/96

1182

Name Harold E. Ford	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U. S. Department of Agriculture	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Harold E. Ford	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500

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Name Harold E. Ford

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	51% of N. J. Ford & Sons							X											X										
	Funeral Home, Inc.																												
	Memphis, TN																												

For additional assets and unearned income, use next page.

Name Harold E. Ford

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								

This page may be copied if more space is required.

Name Harold E. Ford | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	Charlie Riggins	Personal	x									
	Wright Putman Congressional Credit Union	Personal		x								
	Williams & Connelly	Personal						x				
	Barbara Isom	Personal (Paid-Off)		x								
	James Stanley	Personal (Paid-Off)		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tennessee State University	11/3/95	Wash., D.C.-Nashville-Memphis	N	N	N	N

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Name	Page 8 of 8
Harold E. Ford	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	YMCA - Memphis, TN
Advisory Board	Mid-South Fair, Memphis, TN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1986 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 10 AM 8:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(35)

MAY - 7 1996
(Office Use Only)

MC

Tillie K. Fowler
(Full Name)

4730 Prince Edward Road; Jacksonville, FL 32210 — 202 225-2501
(Mailing Address) — Daytime Telephone

Contact: Buck Fowler 904 246-4886

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District: Fourth	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Tillie K. Fowler

DATE (Month/Day/Year) 5/7/96

Name	Tillie K. Fowler	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	R. W. Fowler and Associates, Inc. and Related Companies	Spouse Salary	NA
	Atlantic Beach, Florida		

For payments to charity in lieu of honoraria, use Schedule II.

Name: Tillie K. Fowler

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
1. SP	R. W. Fowler and Associates Inc. and Related Companies Stock								X				X										X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
			A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
2.	SP	Note receivable from sale of					X									X							X							
		unimproved property located at																												
		4500 block of Ortega Forest																												
		Drive; Jacksonville, FL																												
3.	DC	Ponte Vedra National Bank		X																X										
		Common Stock																												
		Ponte, Vedra Beach, FL																												
4.	DC	Ponte Vedra National Bank		X																X										
		Common Stock																												
		Ponte Vedra Beach, FL.																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction: P, S, E
5.	SP	Paine Webber, Inc.							X															N	A				
		IRA Account																											
		Jacksonville, FL.																											
		(Listing of assets																											
		on Attached Schedule)																											
6.	SP	Lo Jack Corporation			X															X									
		Common Stock																											
7.	SP	Ponte Vedra National Bank				X										X							X						
		Bank Accounts																											
8.	SP	635A Ponte Vedra Boulevard						X							X										X				
		Ponte Vedra Beach, FL.																											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
			A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
9.	SP	Douglas Partnership I, Ltd.		X											X						X									
		Office Building																												
		3415 Apalachee Parkway																												
		Tallahassee, FL.																												
10.		South Trust Bank				X										X					X									
		Bank Accounts																												
		Jacksonville, FL.																												
11.		First National Bank of Baldwin County		X												X				X										
		Bank Account																												
		Milledgeville, GA.																												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
12.		South Trust Bank		X																		N	A						
		IRA Account																											
		Jacksonville, FL.																											
13.		First Union Bank of Florida			X											X						X							
		Bank Accounts																											
		Jacksonville, Florida																											
14.	SP	U. S. Treasury Note				X										X								X					
		Matures 6/30/96																											
15.	SP	Island One Communications		X																X									P
		Common Stock																											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
16.	SP	Speakeasy Partnership					X														X									P

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SCHEDULE IV — TRANSACTIONS

Name: Tillie K. Fowler

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	4500 Block Ortega Forest Drive		X		5/21/95				X						
	Jacksonville, Florida														
	Unimproved Property														
	(Schedule III, page 4, item 2														
	of 1994 statement)														

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED LIST

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

Part VIII-Positions

Uncompensated

Board Member	-	St. Vincent's Foundation, Jacksonville, Florida Honorary Member
Board Member	-	American Red Cross, N. E. Florida Chapter
Board Member	-	World Golf Village, Ponte Vedra Beach, Florida
Board Member	-	U. S. Naval Academy, Annapolis, Maryland

1995 Year-End Summary

PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PaineWebber Statement

Net account value on 12/31/95 $ 105,789.06 *
* Excludes unpriced assets See back for details.

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

PZ2L202839-X - 1295 - TJ -

Account Number TJ 23474 10

PZ2L202839-X

Your Investment Executive
RAPHAEL KELLY 904 354-6000

L BUCK FOWLER
P O BOX 330508
ATLANTIC BEACH FL 32233-0508

Dear Client:

This is your 1995 Year-End Summary Statement. This exclusive comprehensive statement has been designed to simplify your tax and investment planning by detailing all 1995 tax-related activity and earnings for your account through December 29, 1995. Estimates of realized gains/losses are also provided for positions closed in the summary period. You may want to call your Investment Executive today to review your account holdings and plan future investment strategies.

Remember, you should always consult your own tax advisor for specific reporting advice and refer to official tax documents, such as the Form 1099, for tax reporting purposes. Official tax documents are mailed to you under separate cover. This statement is for informational purposes only and is not a tax document. Questions may be directed to your Investment Executive.

Account activity summary

Cash flow		
Earnings/capital return	$	941.20
Retirement account fees		35.00
Account fees		805.17
Security transactions *(excluding Money fund transactions)*		
Securities sold	$	16.00

Earnings and capital return summary

Information in this summary may include payments made in years other than 1995 that are taxable in 1995 and may not match your 1995 monthly statements. Municipal original issue discount amounts are displayed in the Earnings/capital return and withholding/tax details section. Only use official tax documents for tax reporting purposes. Details on back

		Paid in 1995
Dividends	$	913.20
Other		28.00
Total	$	941.20

Contribution summary

All contributions made to your retirement plan in calendar year 1995 have been categorized based on information you have provided through 12/29/95. To insure accuracy, please provide updated information

	Contributed for 1994	Contributed for 1995
Transfers	$ .00	$ 100,000.00

Earnings/capital return and withholding/tax details

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed. Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement

Description	Activity	Amount	Year paid	1996 Est. Income
AFLAC INC	Dividend	7.15	1995	28
AMER INTL GROUP INC	Dividend	2.13	1995	8
AVON PRODUCTS INC	Dividend	27.50	1995	110

Continued on page 2

1201

PaineWebber Statement

PZ2L202640-X

Earnings/capital return and withholding/tax details - continued

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed. Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement.

Description	Activity	Amount	Year paid	1996 Est. Income
BECTON DICKINSON & CO				46
CHAMPION INTL CORP				12
CITICORP	Dividend	15.00	1995	60
FEDERAL HOME LN MTGE COM	Dividend	22.50	1995	90
FIRST INTERSTATE BANCORP	Dividend	20.00	1995	80
FREEPORT-MCMORAN COPPER &GOLD INC CL B	Dividend	46.13	1995	184
GENL ELECTRIC CO	Dividend	24.60	1995	110
GENL MOTORS CORP	Dividend	24.00	1995	96
HERCULES INC	Dividend	12.60	1995	55
MAY DEPT STORES	Dividend	24.23	1995	96
MCDONNELL DOUGLAS CORP				44
MONSANTO COMPANY				96
PREMARK INTL INC				75
PROGRESSIVE CORP OHIO	Dividend	4.40	1995	17
SHAW INDUSTRIES INC	Dividend	15.00	1995	60
SPRINT CORP	Dividend	28.75	1995	115
TRAVELERS GROUP INC	Dividend	16.00	1995	64
EXEL LTD ORD BERMUDA	Royalty	28.00	1995	
PW RETIREMENT MONEY FUND	Dividend	297.76	1995	
SANSOM ST MONEY MKT FUND	Dividend	325.45	1995	

Security transactions

The following are position closing 1995 trades with trade dates on or before 12/29/95. Included are option buys, buys to close short positions, exercises and expirations. Quantities displayed only reflect whole shares, however, fractional share proceeds amounts are included in the proceeds amount of the whole share entry displayed.

Security description	Activity	Date	Quantity/Face value	Price	Amou
TRANSPORT HLDG INC CL A	Sale	10/03/95			16.0

1202

1995 Year-End Summary

PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PaineWebber Statement

Net account value on 12/31/95 $ 164,378.82 *

* Excludes unpriced assets. See back for details.

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

PZ2L202824-X · 1995 · TJ -

Account Number TJ 20250 10

PZ2L202824-X

Your Investment Executive
RAPHAEL KELLY 904 354-6000

L BUCK FOWLER
JURIKA ACCESS
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Dear Client:

This is your 1995 Year-End Summary Statement. This exclusive comprehensive statement has been designed to simplify your tax and investment planning by detailing all 1995 tax-related activity and earnings for your account through December 29, 1995. Estimates of realized gains/losses are also provided for positions closed in the summary period. You may want to call your Investment Executive today to review your account holdings and plan future investment strategies.

Remember, you should always consult your own tax advisor for specific reporting advice and refer to official tax documents, such as the Form 1099, for tax reporting purposes. Official tax documents are mailed to you under separate cover. This statement is for informational purposes only and is not a tax document. Questions may be directed to your Investment Executive.

Account activity summary

Cash flow		
Earnings/capital return	$	2,671.71
Withholding and taxes paid		15.24
Retirement account fees		20.00
Account fees		3,417.50
Security transactions *(excluding Money fund transactions)*		
Securities sold	$	79,577.67
Securities matured, redeemed, or tendered		4,875.00

Earnings and capital return summary

Information in this summary may include payments made in years other than 1995 that are taxable in 1995 and may not match you 1995 monthly statements. Municipal original issue discount amounts are displayed in the Earnings/capital return and withholding/t details section. Only use official tax documents for tax reporting purposes. Details on back.

		Paid in 1995
Dividends	$	2,560.51
Other		111.20
Total	$	2,671.71

Withholding and tax summary

		Amoun
Foreign taxes paid	$	15.2

Contribution summary

All contributions made to your retirement plan in calendar year 1995 have been categorized based on information you have provided through 12/29/95. To insure accuracy, please provide updated information.

		Contributed for 1994		Contributed for 1995
Transfers	$	136,500.00	$	.00

1203

PaineWebber Statement

PZ2L202625-X

Earnings/capital return and withholding/tax details

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed. Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement.

Description	Activity	Amount	Year paid	1996 Est. Income
ADVANTA CORP CL B	Dividend	19.32	1995	38
AUGAT INC	Dividend	9.60	1995	12
CAREMARK INTL INC	Dividend	6.00	1995	10
CATO CORP NEW CL A	Dividend	9.60	1995	
CHEMICAL BKG CORP	Dividend	131.60	1995	140
CIRCUIT CITY STORES INC				12
CITICORP	Dividend	144.00	1995	144
DARDEN RESTAURANTS INC				11
DAYTON HUDSON CORP				123
ECI TELECOM LTD	Dividend	31.41	1995	38
ISRAEL	Withholding	9.42	N/A	
EMPHESYS FINCL GRP INC	Dividend	58.50	1995	
MERGER 1995				
FEDERAL NATL MTGE ASSOC	Dividend	81.60	1995	
GREENFIELD INDS INC DEL	Dividend	10.00	1995	11
INTEL CORP	Dividend	16.80	1995	9
JOHN ALDEN FINL CORP	Dividend	17.50	1995	
JOHN NUVEEN CO CL A	Dividend	11.20	1995	
KEYCORP NEW	Dividend	95.04	1995	
KN ENERGY INC	Dividend	60.60	1995	62
LOUISIANA PACIFIC CORP	Dividend	11.25	1995	
MORTON INTL INC INDS	Dividend	6.50	1995	26
NWNL COMPANIES INC	Dividend	20.25	1995	
NAME CHANGED 1995*				
PREMARK INTL INC	Dividend	56.40	1995	64
PRUDENTIAL REINSURANCE	Dividend	3.60	1995	14
HLDGS				
QUANEX CORP	Dividend	42.00	1995	42
RELIASTAR FINCL CORP	Dividend	67.50	1995	90
RIVAL COMPANY	Dividend	18.00	1995	20

continued on page 3

Earnings/capital return and withholding/tax details - continued

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed. Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement.

Description	Activity	Amount	Year paid	1996 Est. Income
ROOSEVELT FINCL GROUP INC	Dividend	100.80	1995	100
SCITEX CORP LTD ORD	Dividend	44.80	1995	
ISRAEL	Withholding	5.82	N/A	
STEWART&STEVENSON SVCS INC	Dividend	20.00	1995	
TRINITY INDUSTRIES INC	Dividend	40.80	1995	
VASTAR RES INC	Dividend	30.00	1995	30
VESTA INSURANCE GROUP INC	Dividend	10.00	1995	11
WALLACE COMPUTER SRVCS INC	Dividend	33.30	1995	
WASH MUTUAL INC	Dividend	146.00	1995	128
WHIRLPOOL CORP	Dividend	136.00	1995	81
EXEL LTD ORD BERMUDA	Royalty	111.20	1995	
SANSOM ST MONEY MKT FUND	Dividend	1,070.54	1995	

Security transactions

The following are position closing 1995 trades with trade dates on or before 12/29/95. Included are option buys, buys to close short positions, exercises and expirations. Quantities displayed only reflect whole shares, however, fractional share proceeds amounts are included in the proceeds amount of the whole share entry displayed.

Security description		Activity	Date	Quantity/Face value	Price	Amou
AMDAHL CORP		Sale	12/26/95	210	8.375	1,758.6
AUTOMOTIVE INDS HLDG INC	CL A MERGER 1995	Sale	07/21/95	50	33.062	1,653.1
BMC SOFTWARE INC		Sale	09/13/95	20	46.750	935.0
CATO CORP NEW CL A		Sale	03/22/95	120	6.125	735.0
CISCO SYS INC		Sale	08/31/95	10	65.477	654.7
		Sale	11/16/95	30	79.875	2,396.2
COMPAQ COMPUTER CORP		Sale	11/15/95	60	51.224	3,073.3
EMPHESYS FINCL GRP INC	MERGER 1995	Tender	10/13/95	130	37.375	4,875.0
FEDERAL NATL MTGE ASSOC		Sale	12/01/95	30	109.930	3,297.8
FOUNDATION HEALTH CORP		Sale	10/17/95	90	38.463	3,461.5

Continued on page 4

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Security transactions - continued

The following are position closing 1995 trades with trade dates on or before 12/29/95. Included are option buys, buys to close short positions, exercises and expirations. Quantities displayed only reflect whole shares, however, fractional share proceeds amounts are included in the proceeds amount of the whole share entry displayed.

Security description		Activity	Date	Quantity/Face value	Price	Amou
GREENFIELD INDS INC DEL		Sale	05/08/95	30	29.320	879
INTEGRATED DEVICE TECH	INC	Sale	06/09/95	60	44.777	2,686.
INTEL CORP		Sale	10/20/95	70	67.453	4,721.
		Sale	11/16/95	10	63.625	636.
JOHN ALDEN FINL CORP		Sale	03/01/95	70	28.940	2,025.
		Sale	05/10/95	50	16.354	817.
JOHN NUVEEN CO CL A		Sale	03/21/95	70	23.750	1,662.
KEYCORP NEW		Sale	06/07/95	132	30.875	4,075.
LIFE USA HLDG INC NEW		Sale	07/26/95	150	8.875	1,331.
LOUISIANA PACIFIC CORP		Sale	03/23/95	90	25.487	2,293.
MUSIC LAND STORES CORP		Sale	01/27/95	160	8.375	1,339.
NATL GYPSUM CO NEW	MERGER 1995	Sale	06/19/95	30	52.000	1,560.
NEWBRIDGE NETWORKS CORP		Sale	11/09/95	60	39.303	2,358.
		Sale	11/15/95	20	35.478	709.
		Sale	11/22/95	40	41.625	1,664.
OCTEL COMMUNICATIONS CRP		Sale	02/27/95	80	22.028	1,762.
		Sale	09/06/95	60	37.679	2,260.
PARAGON TRADE BRANDS INC		Sale	01/12/95	70	12.750	892.
PRICE/COSTCO INC		Sale	06/08/95	280	14.393	4,030.
SCITEX CORP LTD ORD	ISRAEL	Sale	10/19/95	120	18.500	2,220.
STEWART&STEVENSON SVCS	INC	Sale	11/17/95	70	24.750	1,732.
		Sale	12/07/95	70	23.125	1,618.
SYQUEST TECHNOLOGY INC		Sale	06/30/95	140	12.937	1,811.
TELEFONOS DE MEXICO S A MEXICO	SPON ADR REPSTG SH ORD L	Sale	02/16/95	70	28.750	2,012.
TRINITY INDUSTRIES INC		Sale	10/25/95	60	30.000	1,799.
WALLACE COMPUTER SRVCS	INC	Sale	08/01/95	90	58.041	5,223.
WASH MUTUAL INC		Sale	06/05/95	60	24.197	1,451.
WEATHERFORD INTL INC 1	FOR 2 REV SPLIT	Sale	09/08/95	160	14.083	2,253.
WHIRLPOOL CORP		Sale	11/20/95	70	54.000	3,779

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Realized gains and losses

Estimated 1995 gains/losses are not for tax purposes and may not be a complete listing. Use only official tax reporting documents for purposes of calculating your actual gains/losses (i.e. 1099). Long-term capital gain distributions ar not included in this section but appear in the Earnings & capital return summary. Estimates are not provided for zero coupon investments. Gains/losses are automatically adjusted for amortization of bond premiums on tax-exempt an AMT eligible coupon municipals but may not be adjusted for all capital changes. The oldest security lot was liquidated first (FIFO accounting) unless you specified which lot to close when you placed your order (a versus purchase or VSP order). Estimates in the "Unclassified" section are not able to be classified as short-term or long-term due to missing information or the product is one for which a gain/loss estimate is not provided. Details on back.

Security description	Gain/Loss Method	Quantity/ face value	Opening date	Closing date	Closing amount	Opening amount	Loss	Gain	A Gain/Lo
Short-term capital gains and losses - Assets held one year or less:									
AMDAHL CORP	FIFO	210.000	07/13/95	12/26/95	$ 1,758.69	$ 2,415.00	$ -656.31		
BMC SOFTWARE INC	FIFO	20.000	11/22/94	09/13/95	935.00	431.67		503.33	
CATO CORP NEW CL A	FIFO	120.000	06/07/94	03/22/95	735.00	1,302.72	-567.72		
COMPAQ COMPUTER CORP	FIFO	60.000	03/23/95	11/15/95	3,073.35	2,041.88		1,031.47	
FOUNDATION HEALTH CORP	FIFO	60.000	12/06/94	10/17/95	2,307.70	2,038.81		268.89	
	FIFO	30.000	03/24/95	10/17/95	1,153.85	978.68		175.17	
INTEGRATED DEVICE TECH INC	FIFO	60.000	09/14/94	08/09/95	2,686.67	1,363.50		1,323.17	
JOHN NUVEEN CO CL A	FIFO	70.000	04/21/94	03/21/95	1,662.44	1,501.60		160.84	
LOUISIANA PACIFIC CORP	FIFO	80.000	06/02/94	03/23/95	2,038.92	2,781.46	-742.54		
	FIFO	10.000	07/13/94	03/23/95	254.86	296.68	-41.82		
MUSIC LAND STORES CORP	FIFO	50.000	07/13/94	01/27/95	418.73	843.75	-425.02		
NEWBRIDGE NETWORKS CORP	FIFO	10.000	09/11/95	11/15/95	354.77	298.04		56.73	
	FIFO	40.000	09/11/95	11/22/95	1,664.94	1,192.17		472.77	
OCTEL COMMUNICATIONS CRP	FIFO	80.000	07/20/94	02/27/95	1,762.27	1,520.00		242.27	
PARAGON TRADE BRANDS INC	FIFO	70.000	04/22/94	01/12/95	892.47	2,100.00	-1,207.53		
PRICE/COSTCO INC	FIFO	10.000	07/13/94	06/08/95	143.93	150.00	-6.07		
SCITEX CORP LTD ORD ISRAEL	FIFO	120.000	02/21/95	10/19/95	2,220.00	2,100.00		120.00	
STEWART&STEVENSON SVCS INC	FIFO	40.000	11/21/94	11/17/95	990.00	1,335.00	-345.00		
	FIFO	30.000	10/18/95	11/17/95	742.50	870.00	-127.50		
	FIFO	70.000	10/18/95	12/07/95	1,618.75	2,030.00	-411.25		
SYQUEST TECHNOLOGY INC	FIFO	90.000	02/16/95	06/30/95	1,164.37	1,361.25	-196.88		
	FIFO	50.000	03/07/95	06/30/95	646.88	537.15		109.73	
TELEFONOS DE MEXICO S A SPON ADR REPSTG SH ORD L MEXICO	FIFO	30.000	03/29/94	02/16/95	862.47	1,800.00	-937.53		
WALLACE COMPUTER SRVCS INC	FIFO	90.000	10/21/94	08/01/95	5,223.58	2,688.75		2,534.83	

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Realized gains and losses - continued

Security description	Gain/Loss Method	Quantity/ face value	Opening date	Closing date	Closing amount	Opening amount	Loss	Gain	A Gain/Lo
Total					$ 35,312.14	$ 33,978.11	$ -5,665.17	$ 6,999.20	
Net short-term gain/loss									$ 1,334.0
Long-term capital gains and losses - Assets held more than one year:									
AUTOMOTIVE INDS HLDG INC CL A MERGER 1995	FIFO	50.000	05/11/94	07/21/95	$ 1,653.13	$ 1,312.50		$ 340.63	
CISCO SYS INC	FIFO	10.000	07/12/94	08/31/95	654.77	227.50		427.27	
	FIFO	30.000	07/12/94	11/16/95	2,396.25	682.50		1,713.75	
EMPHESYS FINCL GRP INC MERGER 1995	FIFO	130.000	03/22/94	10/13/95	4,875.00	2,908.75		1,966.25	
FEDERAL NATL MTGE ASSOC	FIFO	30.000	02/28/94	12/01/95	3,297.80	2,505.00		792.80	
GREENFIELD INDS INC DEL	FIFO	30.000	04/22/94	05/08/95	879.63	581.25		298.38	
INTEL CORP	FIFO	40.000	03/10/94	10/20/95	2,698.15	1,415.00		1,283.15	
	FIFO	30.000	04/19/94	10/20/95	2,023.62	858.75		1,164.87	
	FIFO	10.000	04/19/94	11/16/95	636.25	286.25		350.00	
JOHN ALDEN FINL CORP	FIFO	70.000	01/14/94	03/01/95	2,025.79	2,520.00	-494.21		
	FIFO	50.000	03/02/94	05/10/95	817.69	1,889.69	-1,072.00		
KEYCORP NEW	FIFO	132.000	01/14/94	06/07/95	4,075.36	4,138.75	-63.39		
LIFE USA HLDG INC NEW	FIFO	100.000	03/14/94	07/26/95	887.50	1,387.50	-500.00		
	FIFO	50.000	04/19/94	07/26/95	443.75	512.50	-68.75		
MUSIC LAND STORES CORP	FIFO	110.000	01/25/94	01/27/95	921.22	2,062.50	-1,141.28		
NATL GYPSUM CO NEW MERGER 1995	FIFO	30.000	03/31/94	06/19/95	1,560.00	1,342.50		217.50	
NEWBRIDGE NETWORKS CORP	FIFO	60.000	09/13/94	11/09/95	2,358.10	1,905.00		453.10	
	FIFO	10.000	09/13/94	11/15/95	354.77	317.50		37.27	
OCTEL COMMUNICATIONS CRP	FIFO	60.000	07/20/94	09/06/95	2,260.78	1,140.00		1,120.78	
PRICE/COSTCO INC	FIFO	70.000	03/23/94	06/08/95	1,007.51	1,382.50	-374.99		
	FIFO	150.000	03/24/94	06/08/95	2,158.95	2,894.55	-735.60		
	FIFO	50.000	05/13/94	06/08/95	719.65	700.00		19.65	
TELEFONOS DE MEXICO S A SPON ADR REPSTG SH ORD L MEXICO	FIFO	40.000	01/14/94	02/16/95	1,149.96	2,625.00	-1,475.04		
TRINITY INDUSTRIES INC	FIFO	60.000	09/14/94	10/25/95	1,799.94	1,989.40	-189.46		
WASH MUTUAL INC	FIFO	60.000	01/14/94	06/05/95	1,451.84	1,477.50	-25.66		

Continued on page 7

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Realized gains and losses - continued

Security description	Gain/Loss Method	Quantity/ face value	Opening date	Closing date	Closing amount	Opening amount	Loss	Gain	Gain/Lo
WEATHERFORD INTL INC 1 FOR 2 REV SPLIT	FIFO	160.000	03/09/94	09/08/95	$ 2,253.25	$ 1,520.00		$ 733.25	
WHIRLPOOL CORP	FIFO	20.000	06/27/94	11/20/95	1,079.96	1,097.21	-17.25		
	FIFO	10.000	07/13/94	11/20/95	539.98	536.25		3.73	
	FIFO	40.000	07/19/94	11/20/95	2,159.93	2,160.00	-.07		
Total					$ 49,140.53	$ 44,375.85	$ -6,157.70	$ 10,922.38	
Net long-term gain/loss									$ 4,764.6
Total net gain/loss									$ 6,098.7

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1995 Year-End Summary

PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PaineWebber Statement

Net account value on 12/31/95 $ 87,691.04 *
* Excludes unpriced assets See back for details

Account Number TJ 23473 10

PZ2L202635 X

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

PZ2L202635-X - 1295 - TJ -

Your Investment Executive
RAPHAEL KELLY 904 354-6000

L BUCK FOWLER
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Dear Client:

This is your 1995 Year-End Summary Statement. This exclusive comprehensive statement has been designed to simplify your tax and investment planning by detailing all 1995 tax-related activity and earnings for your account through December 29, 1995. Estimates of realized gains/losses are also provided for positions closed in the summary period. You may want to call your Investment Executive today to review your account holdings and plan future investment strategies.

Remember, you should always consult your own tax advisor for specific reporting advice and refer to official tax documents, such as the Form 1099, for tax reporting purposes. Official tax documents are mailed to you under separate cover. This statement is for informational purposes only and is not a tax document. Questions may be directed to your Investment Executive.

Account activity summary

Cash flow		
Earnings/capital return	$	529.36
Retirement account fees		35.00
Account fees		772.95
Security transactions *(excluding Money fund transactions)*		
Securities sold	$	11,296 32

Earnings and capital return summary

Information in this summary may include payments made in years other than 1995 that are taxable in 1995 and may not match you 1995 monthly statements Municipal original issue discount amounts are displayed in the Earnings/capital return and withholding details section Only use official tax documents for tax reporting purposes Details on back

		Paid in 1995
Dividends	$	529 36

Contribution summary

All contributions made to your retirement plan in calendar year 1995 have been categorized based on information you have provided through 12/29/95 To insure accuracy please provide updated information

	Contributed for 1994	Contributed for 1995
Transfers	$ 00	$ 96,000 00

Earnings/capital return and withholding/tax details

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement

Description	Activity	Amount	Year paid	1996 Est Income
AGCO CORP	Dividend	40	1995	1
ATLANTIC RICHFIELD CO	Dividend	27.50	1995	110
BAYBANKS INC	Dividend	12.00	1995	48

Continued on page 2

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Earnings/capital return and withholding/tax details - continued

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed. Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement.

Description	Activity	Amount	Year paid	1996 Est. Income
CABOT CORP	Dividend	9.20	1995	
CHESAPEAKE CORP	Dividend	10.00	1995	40
FIRST USA INC	Dividend	3.00	1995	12
GEORGIA PACIFIC CORP	Dividend	15.00	1995	
INTL BUSINESS MACH	Dividend	5.00	1995	20
J & L SPECIALTY STEEL INC	Dividend	7.20	1995	28
LOEWS CORP	Dividend	10.00	1995	40
MEDTRONIC INC				7
MICRON TECHNOLOGY INC	Dividend	1.00	1995	4
MYLAN LABORATORIES INC	Dividend	3.20	1995	12
OMNICARE INC	Dividend	1.25	1995	5
PAYCHEX INC	Dividend	1.80	1995	7
REYNOLDS&REYNOLDS A				24
SONAT OFFSHORE DRILLING INC				9
TIDEWATER INC	Dividend	8.75	1995	35
UNION CARBIDE CORP	Dividend	9.38	1995	37
UNION TEXAS PETE HLDGS INC	Dividend	5.00	1995	20
UNTD HEALTHCARE CORP				1
WELLS FARGO & CO	Dividend	11.50	1995	46
WILLAMETTE INDUST	Dividend	9.00	1995	36
PW RETIREMENT MONEY FUND	Dividend	285.85	1995	
SANSOM ST MONEY MKT FUND	Dividend	93.33	1995	

Security transactions

The following are position-closing 1995 trades with trade dates on or before 12/29/95. Included are option buys, buys to close short positions, exercises and expirations. Quantities displayed only reflect whole shares, however, fractional share proceeds amounts are included in the proceeds amount of the whole share entry displayed.

Security description	Activity	Date	Quantity/Face value	Price	Amou
CABOT CORP	Sale	12/12/95	40	49.250	1,969.9

Continued on page 3

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Security transactions - continued

The following are position closing 1995 trades with trade dates on or before 12/29/95 Included are option buys, buys to close short positions, exercises and expirations Quantities displayed only reflect whole shares, however, fractional share proceeds amounts are included in the proceeds amount of the whole share entry displayed

Security description		Activity	Date	Quantity/Face value	Price	Amou
CIRRUS LOGIC INC		Sale	12/29/95	30	19.875	596.
COBRA GOLF INC		Sale	12/13/95	60	28.625	1,717.
DSC COMMUNICATIONS CORP		Sale	11/06/95	30	38.250	1,147.
GEORGIA PACIFIC CORP		Sale	12/11/95	30	71.125	2,133.
INTL PAPER CO		Sale	11/06/95	10	36.250	362.
		Sale	11/07/95	20	35.512	710.
PHILIPS ELECTRONICS NV	NETHERLANDS	Sale	11/06/95	20	37.375	747.
		Sale	11/07/95	20	35.942	718.
WISC CENTL TRANSN CORP		Sale	11/06/95	10	60.500	605.
		Sale	11/07/95	10	58.750	587.

Realized gains and losses

Estimated 1995 gains/losses are not for tax purposes and may not be a complete listing Use only official tax reporting documents for purposes of calculating your actual gains/losses (i e 1099) Long-term capital gain distributions ar not included in this section but appear in the Earnings & capital return summary Estimates are not provided for zero coupon investments Gains/losses are automatically adjusted for amortization of bond premiums on tax-exempt an AMT eligible coupon municipals but may not be adjusted for all capital changes The oldest security lot was liquidated first (FIFO accounting) unless you specified which lot to close when you placed your order (a versus purchase or VSP order) Estimates in the "Unclassified" section are not able to be classified as short-term or long-term due to missing information or the product is one for which a gain/loss estimate is not provided Details on back

Security description	Gain/Loss Method	Quantity/ face value	Opening date	Closing date	Closing amount	Opening amount	Loss	Gain	Gain/Lo
Short-term capital gains and losses - Assets held one year or less:									
CABOT CORP	FIFO	40.000	09/18/95	12/12/95	$ 1,969.93	$ 2,120.00	$ -150.07		
CIRRUS LOGIC INC	FIFO	30.000	09/18/95	12/29/95	596.25	1,687.50	-1,091.25		
COBRA GOLF INC	FIFO	60.000	09/18/95	12/13/95	1,717.50	1,980.00	-262.50		
DSC COMMUNICATIONS CORP	FIFO	30.000	09/18/95	11/06/95	1,147.50	1,728.75	-581.25		
GEORGIA PACIFIC CORP	FIFO	30.000	09/18/95	12/11/95	2,133.67	2,763.75	-630.08		
INTL PAPER CO	FIFO	10.000	09/18/95	11/06/95	362.48	423.75	-61.27		
	FIFO	20.000	09/18/95	11/07/95	710.21	847.50	-137.29		
PHILIPS ELECTRONICS NV	FIFO	20.000	09/18/95	11/06/95	747.47	917.50	-170.03		
NETHERLANDS	FIFO	20.000	09/18/95	11/07/95	718.81	917.50	-198.69		
WISC CENTL TRANSN CORP	FIFO	10.000	09/18/95	11/06/95	605.00	667.50	-62.50		
	FIFO	10.000	09/18/95	11/07/95	587.50	667.50	-80.00		
Total					$ 11,296.32	$ 14,721.25	$ -3,424.93		
Net short-term gain/loss									$ -3,424.9

Continued on page 4

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PZ2L202638-X

Realized gains and losses - continued

Security description	Gain/Loss Method	Quantity/ face value	Opening date	Closing date	Closing amount	Opening amount	Loss	Gain	Gain/Lo
Total net gain/loss								$	-3,424.9

1995 Year-End Summary

PAINEWEBBER ACCESS
Individual Retirement Rollover Account

PaineWebber Statement

Net account value on 12/31/95 $ 167,573.67 *

* Excludes unpriced assets. See back for details.

Account Number TJ 20251 10

PZ2L202631-X

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

PZ2L202631-X - 1205 - TJ -

Your Investment Executive
RAPHAEL KELLY 904 354-6000

L BUCK FOWLER
NWQ ACCESS
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Dear Client:

This is your 1995 Year-End Summary Statement. This exclusive comprehensive statement has been designed to simplify your tax and investment planning by detailing all 1995 tax-related activity and earnings for your account through December 29, 1995. Estimates of realized gains/losses are also provided for positions closed in the summary period. You may want to call your Investment Executive today to review your account holdings and plan future investment strategies.

Remember, you should always consult your own tax advisor for specific reporting advice and refer to official tax documents, such as the Form 1099, for tax reporting purposes. Official tax documents are mailed to you under separate cover. This statement is for informational purposes only and is not a tax document. Questions may be directed to your Investment Executive.

Account activity summary

Cash flow	
Earnings/capital return	$ 3,823.53
Withholding and taxes paid	4.50
Retirement account fees	20.00
Account fees	3,348.05
Security transactions *(excluding Money fund transactions)*	
Securities sold	$ 18,316.35

Earnings and capital return summary

Information in this summary may include payments made in years other than 1995 that are taxable in 1995 and may not match you. 1995 monthly statements. Municipal original issue discount amounts are displayed in the Earnings/capital return and withholding/ details section. Only use official tax documents for tax reporting purposes. Details on back

	Paid in 1995
Dividends	$ 3,823.53

Withholding and tax summary

	Amoun
Foreign taxes paid	$ 4.5

Contribution summary

All contributions made to your retirement plan in calendar year 1995 have been categorized based on information you have provided through 12/29/95. To insure accuracy, please provide updated information.

	Contributed for 1994	Contributed for 1995
Transfers	$ 136,500.00	$ .00

Earnings/capital return and withholding/tax details

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed. Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement.

Description	Activity	Amount	Year paid	1996 Est. Income
AIR PROD & CHEMICAL INC	Dividend	60.60	1995	93

Continued on page 2

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Earnings/capital return and withholding/tax details - continued

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement

Description	Activity	Amount	Year paid	1996 Est Income
AMER INTL GROUP INC	Dividend	14.56	1995	15
AMP INCORPORATED	Dividend	73.60	1995	73
AT&T CORP	Dividend	99.00	1995	99
BURLINGTON RESOURCES INC	Dividend	38.52	1995	
BURLINGTON NTHN INC :MERGER 1995	Dividend	54.00	1995	
BURLINGTON NTHN SANTA FE CORP				36
CASE CORP				9
CATERPILLAR INC	Dividend	108.00	1995	126
CHAMPION INTL CORP				10
CHRYSLER CORP	Dividend	135.00	1995	180
COASTAL CORP DEL	Dividend	38.00	1995	38
COMERICA INC	Dividend	134.00	1995	140
COOPER INDUST	Dividend	105.60	1995	125
CSX CORPORATION	Dividend	55.20	1995	62
CYPRUS AMAX MINERALS CO	Dividend	80.00	1995	80
DEERE AND CO	Dividend	112.50	1995	120
DOW CHEMICAL	Dividend	33.75	1995	135
DRESSER INDUSTRIES	Dividend	68.00	1995	68
DU PONT DE NEMOURS	Dividend	162.40	1995	166
ECHLIN INC				36
EMERSON ELECTRIC CO	Dividend	119.60	1995	127
GENL ELECTRIC CO	Dividend	131.20	1995	147
GENL MOTORS CORP	Dividend	49.50	1995	54
GENL RE CORP	Dividend	49.00	1995	49
GTE CORPORATION	Dividend	216.20	1995	216
HALLIBURTON CO	Dividend	130.00	1995	130
IMC GLOBAL INC	Dividend	30.80	1995	35

Continued on page 3

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PaineWebber Statement

PZ2L202633-X

Earnings/capital return and withholding/tax details - continued

All earnings/capital returns that were paid, reportable and/or taxable in 1995 are listed. Projected earnings to be paid through 12/31/96 are given for most holdings reflected on your December 1995 statement

Description	Activity	Amount	Year paid	1996 Est. Income
INCO LTD COMMON	Dividend	30.00	1995	
CANADA	Withholding	4.50	N/A	
INGERSOLL RAND	Dividend	88.80	1995	88
INTEL CORP	Dividend	16.80	1995	14
MINNESOTA MNG MFG	Dividend	131.60	1995	131
MORTON INTL INC INDS	Dividend	50.40	1995	54
NATL CITY CORP	Dividend	214.50	1995	217
NEWMONT MINING CORP	Dividend	26.88	1995	26
NORWEST CORP	Dividend	148.50	1995	158
PITNEY BOWES INC	Dividend	78.00	1995	78
REYNOLDS METALS CO	Dividend	62.00	1995	84
TEXAS INSTRUMENT	Dividend	58.10	1995	54
UNTD TECHNOLOGIES CORP	Dividend	82.00	1995	88
USX-U S STEEL GROUP	Dividend	65.00	1995	65
W R GRACE & CO	Dividend	57.38	1995	12
WEYERHAEUSER CO	Dividend	97.50	1995	104
SANSOM ST MONEY MKT FUND	Dividend	517.04	1995	

Security transactions

The following are position closing 1995 trades with trade dates on or before 12/29/95. Included are option buys, buys to close short positions, exercises and expirations. Quantities displayed only reflect whole shares, however, fractional share proceeds amounts are included in the proceeds amount of the whole share entry displayed.

Security description		Activity	Date	Quantity/Face value	Price	Amou
AVON PRODUCTS INC		Sale	01/19/95	30	56.000	1,679.9
		Sale	01/30/95	20	57.026	1,140.4
BURLINGTON RESOURCES INC		Sale	09/13/95	70	40.625	2,843.6
BURLINGTON NTHN SANTA FE	CORP	Sale	10/26/95	15	80.974	1,214.9
INCO LTD COMMON	CANADA	Sale	11/07/95	100	34.075	3,407.4
INTEL CORP		Sale	11/06/95	30	71.807	2,154.2
TELEFONICA DE ESPANA S A SPAIN	SPONSORED ADR	Sale	01/19/95	30	35.553	1,066.5
TEXAS INSTRUMENT		Sale	03/06/95	10	88.625	886.2
		Sale	09/28/95	20	79.647	1,592.8

Continued on page 4

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Security transactions - continued

The following are position closing 1995 trades with trade dates on or before 12/29/95. Included are option buys, buys to close short positions, exercises and expirations. Quantities displayed only reflect whole shares, however, fractional share proceeds amounts are included in the proceeds amount of the whole share entry displayed.

Security description	Activity	Date	Quantity/Face value	Price	Amo
W R GRACE & CO	Sale	05/05/95	40	58.261	2,330.

Realized gains and losses

Estimated 1995 gains/losses are not for tax purposes and may not be a complete listing. Use only official tax reporting documents for purposes of calculating your actual gains/losses (i.e. 1099). Long-term capital gain distributions a not included in this section but appear in the Earnings & capital return summary. Estimates are not provided for zero coupon investments. Gains/losses are automatically adjusted for amortization of bond premiums on tax-exempt an AMT eligible coupon municipals but may not be adjusted for all capital changes. The oldest security lot was liquidated first (FIFO accounting) unless you specified which lot to close when you placed your order (a versus purchase or VSP order). Estimates in the "Unclassified" section are not able to be classified as short-term or long-term due to missing information or the product is one for which a gain/loss estimate is not provided. Details on back.

Security description	Gain/Loss Method	Quantity/ face value	Opening date	Closing date	Closing amount	Opening amount	Loss	Gain	Gain/Lo
Short-term capital gains and losses - Assets held one year or less:									
INCO LTD COMMON CANADA	FIFO	100.000	03/01/95	11/07/95	$ 3,407.44	$ 2,617.76		$ 789.68	
Total					$ 3,407.44	$ 2,617.76		$ 789.68	
Net short-term gain/loss									$ 789.6
Long-term capital gains and losses - Assets held more than one year:									
AVON PRODUCTS INC	FIFO	30.000	01/14/94	01/19/95	$ 1,679.94	$ 1,616.25		$ 63.69	
	FIFO	20.000	01/14/94	01/30/95	1,140.49	1,077.50		62.99	
BURLINGTON NTHN SANTA FE CORP	FIFO	15.000	01/14/94	10/26/95	1,214.57	898.13		316.44	
BURLINGTON RESOURCES INC	FIFO	60.000	01/14/94	09/13/95	2,437.41	2,655.00	-217.59		
	FIFO	10.000	07/15/94	09/13/95	406.24	395.07		11.17	
INTEL CORP	FIFO	30.000	01/14/94	11/06/95	2,154.21	1,031.25		1,122.96	
TELEFONICA DE ESPANA S A SPONSORED ADR SPAIN	FIFO	30.000	01/14/94	01/19/95	1,066.56	1,211.25	-144.69		
TEXAS INSTRUMENT	FIFO	10.000	01/14/94	03/06/95	886.22	730.00		156.22	
	FIFO	20.000	01/14/94	09/28/95	1,592.88	730.00		862.88	
W R GRACE & CO	FIFO	40.000	01/14/94	05/05/95	2,330.39	1,700.00		630.39	
Total					$ 14,908.91	$ 12,044.45	$ -362.28	$ 3,226.74	
Net long-term gain/loss									$ 2,864.4
Total net gain/loss									$ 3,654.1

PaineWebber Statement

December 1995
Individual Retirement Rollover Account

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

PZ5G000213-X6 - 1295 - TJ 0

Net account value on November 30	$	106,661.77
Net account value on December 29	$	109,023.61
Money funds in 12/29 value	$	2,374.61
Other items not in net account value on 12/29:		
Insurance product values (est.)	$	71,318.43
Net account value plus above	$	180,342.04 *

** Excludes unpriced assets See back for details*

Account Number TJ 20121 10
Social Security Number 263-64-6994

PZ5G000213-X6
1723378 - 0000

Your Investment Executive
RAPHAEL KELLY 904 354-6000

L BUCK FOWLER IRA/RLVR
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Activity summary

Account value on November 30		$ 106,661.77
Cash flow		
Earnings / capital return	+ 1,767.84	
Security transactions *(Excludes Money fund transactions)*		
Change in value of investments	+ 594.00	
Account value on December 29		$ 109,023.61

Contribution summary

We have categorized deductible and non deductible contributions based on information you have provided
To ensure accuracy please provide the most current information

	Current period	Tax year 1995	Tax year 1994
Transfers	.00	00	56,018.47

Distribution summary

	Current period	Tax year 1995	Tax year 1994
Transfers	00	196,000 00	273,000 00

Earnings and capital return summary

Earnings/capital return categories are for the current calendar year All prior year entries are summarized separately
This information should not be used for tax purposes See back for details

	Current period	Year-to-date
PaineWebber Money fund dividends	5.34	482.19
Interest	1,762.50	7,275.00
Prior year(s) entries and adjustments	.00	4.07
Total earnings / capital return	**1,767.84**	**7,761.26**

Account instructions
PaineWebber is your IRA Rollover custodian.

Bulletin Board
IF YOU DON'T HOLD OUTSIDE ASSETS OR DIRECT INVESTMENTS. 1) RETAIN THIS STMT FOR 1995 YEAR END VALUE 2) THIS INFO IS BEING FURNISHED TO IRS 3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE
RETIREMENT MONEY FUND UNDER $25? SEE BACK FOR ACCOUNT INFORMATION CALL 1-800-762-1000

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio		Value
Money funds	2.17		2,374.61
U.S. Government securities	97.83		106,649.00
Total invested assets	**100.00**	**$**	**109,023.61**
Net account value		**$**	**109,023.61**

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Investment objectives

Investment objectives describe the general goals you have for your investments within an account. We understand that the investment objective(s) for this account are the following, in order of priority:

1. Growth 2. Income 3. Investment grade 4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office.

Asset portfolio

When available, prices, income and current values may be approximate and thus gains/losses may not be accurately reflected. Details on back. An asterisk (*) indicates a change in the original transaction data from the prior month or the display of new data input at your branch office. Gains/losses are not calculated for zero coupon investments.

Insurance products

Annuity contracts, life insurance and long-term health care products listed below are not held in your account at PaineWebber and therefore are not included in your total net account value.

Annuities

Amount	Description	Contract/policy no	Current value	Rate	Issue date
66,000	CG ANNUITY 5YR AS OF 12/13/95	CGA006994	71,318.43	6.95	10/18/94
66,000	Total		$ 71,318.43		

Money funds

Description	Opening balance	Closing balance	Closing share price	Average yield	Dividend period	Days in period
PW RETIREMENT MONEY FUND	606.77	2,374.61	1.00	5.18%	11/16 - 12/20	35
Total	$ 606.77	$ 2,374.61				

U.S. Government securities

Prices are obtained from independent quotation bureaus that use computerized valuation formulas to calculate current values. Actual market values may vary and thus gains/losses may not be accurately reflected.

Coupon governments

Total face value / Maturity	Description	Price	Current value	Est. annual income	Trade date	Face value purchased	Purchase price	Cost basis	Unrealized Gain/loss
50,000	FED NAT MTG ASSN RATE 7.0500% MATURES 12/10/98	104.219	52,109.50	3,525		50,000	---This information was unavailable---		
50,000	FED NATL MTG ASSN RATE 7.5000% MATURES 02/11/02	109.079	54,539.50	3,750		50,000	---This information was unavailable---		
100,000	Total		$ 106,649.00	7,275					

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PaineWebber Statement

PZ5G006215-XI
1723378 - 0000

Monthly activity

Cash flow

Date	Activity	Description		Amount
11/30		**Balance forward**	**$**	**.00**
12/11	INTEREST	FED NAT MTG ASSN		1,762.50
		7.0500% DUE 12/10/98		
		DTD 12/10/91 FC 06/10/92		
		PAID ON 50000		
		AS OF 12/10/95		

Date	Activity	Description		Amount
12/22	DIVIDEND	PW RETIREMENT MONEY FUND		5.34
		Funds used for money fund transactions	**$**	**-1,767.84**
12/29		**Closing balance**	**$**	**.00**

Money fund transactions

The PW Retirement Money Fund is your primary sweep fund. If your Retirement Money Fund balance is below $25.00, see reverse side for details

Date	Activity	Money fund		Amount
11/30		**Opening PW Retirement Money Fund**	**$**	**606.77**
12/12	BOUGHT	PW RETIREMENT MONEY FUND		1,762.50
12/22	BOUGHT	PW RETIREMENT MONEY FUND		5.34
12/29		**Closing PW Retirement Money Fund**	**$**	**2,374.61**
		Money funds purchased	**$**	**1,767.84**

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October 1995 - December 1995

Individual Retirement Account

Net account value on September 29	$	2,989.08
Net account value on December 29	$	3,027.65
Money funds in 12/29 value	$	3,027.65

** Excludes unpriced assets See back for details*

PaineWebber Statement

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

PZ5G006230-X6 - 1295 - TJ - 0

Account Number TJ 23306 10
Social Security Number 263-64-6994

PZ5G006230-X6
1723378 - 000029

Your Investment Executive
RAPHAEL KELLY 904 354-6000

L BUCK FOWLER
PO BOX 330508
ATLANTIC BEACH FL 32233-0508

Contribution summary

We have categorized deductible and non-deductible contributions based on information you have provided
To ensure accuracy, please provide the most current information

	Current period	Tax year 1995	Tax year 1994
Deductible contributions	.00	1,000.00	2,000.00

Earnings and capital return summary

Earnings/capital return categories are for the current calendar year All prior year entries are summarized separately
This information should not be used for tax purposes See back for details

	Current period	Year-to-date
PaineWebber Money fund dividends	38.57	62.65

Investment objectives

Investment objectives describe the general goals you have for your investments within an account We understand that the investment objective(s) for this account are the following, in order of priority

1 Growth 2. Investment grade 3. Income 4. Speculation

If you have any questions concerning these investment objectives, or wish to change the investment objectives for this account, call your Investment Executive or Branch Manager for your branch office

Account Instructions
PaineWebber is your IRA custodian

Bulletin Board
IF YOU DON'T HOLD OUTSIDE ASSETS OR DIRECT INVESTMENTS: 1) RETAIN THIS STMT FOR 1995 YEAR END VALUE 2) THIS INFO IS BEING FURNISHED TO IRS 3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE
RETIREMENT MONEY FUND UNDER $25?
SEE SPECIAL INFORMATION ON REVERSE SIDE.

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio	Value
Money funds	100 00	3,027 65
Net account value		$ 3,027.65

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PaineWebber Statement

PZ5G006231-X6
1723378 - 0000306

Asset portfolio

Prices, income and current values may be approximate Details on back

Quantity/face value	Description	Price	Current value	Est income
3,027.650	PW RETIREMENT MONEY FUND	1.000	3,027.65	
	Opening balance $ 2,989.08 Avg yield 5.15% Int period 09/21 - 12/20			
	Total		$ 3,027.65	

Activity

Date	Activity	Description	Quantity	Price / Comment	Amount
09/29		Balance forward			$ .00
10/20	BOUGHT	PW RETIREMENT MONEY FUND	11.770	1	-11.77
10/20	DIVIDEND	PW RETIREMENT MONEY FUND			11.77
11/17	BOUGHT	PW RETIREMENT MONEY FUND	11.800	1	-11.80
11/17	DIVIDEND	PW RETIREMENT MONEY FUND			11.80
12/22	BOUGHT	PW RETIREMENT MONEY FUND	15.000	1	-15.00
12/22	DIVIDEND	PW RETIREMENT MONEY FUND			15.00
12/29		Closing balance			$ .00

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
MAY - 8 1996
mc
(Office Use Only)

9

JON D. FOX
(Full Name)

312 GLEN LANE
(Mailing Address)

Daytime Telephone
ELKINS PARK, PA 19027 (202) 225-6111

Filer Status	[X] Member of the U.S. House of Representatives	State: PA Distrct 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Jon D. Fox

DATE (Month/Day/Year) May 6, 1996

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Name	Jon D. Fox	Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Private Law Practice Benjamin Fox Pavilion Jenkintown, PA 19046 (cases prior to 1994)	Law Fees	$9,100.00
	Spouse - The Galbreath Company 810 Benjamin Fox Pavilion Jenkintown, PA 19046		

For payments to charity in lieu of honoraria, use Schedule II.

Name JON D. FOX

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE KNOWN			

This page may be copied if more space is required.

Name JON D. FOX

Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Prudential IRA		X	X											X														
	Eastman Kodak	X											X						X										
	Prudential Insurance		X												X					X									
	Fidelity Magellan Fund		X																X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JON D. FOX

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	NOT APPLICABLE																											

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SCHEDULE IV — TRANSACTIONS

Name JON D. FOX

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	NOT APPLICABLE														

This page may be copied if more space is required.

Name JON D. FOX

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bruce Toll											
	1477 Rydal Road, Rydal, PA 19046	Personal Loan		X								
	Congressional FCU	Visa	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE KNOWN	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			NONE KNOWN				

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Name	JON D. FOX	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE KNOWN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE KNOWN	

GPO 1996 22-642 (mac)

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Barney Frank
(Full Name)

2210 Rayburn Bldg. Washington, DC 20515 — 202-225-5931
(Mailing Address) — Daytime Telephone:

Filer Status	[X] Member of the U.S. House of Representatives	State: Mass. District: 4th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year): May 14, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barney Frank

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	US Trust (Boston, MA) IRA			X											X						X								
	TIAA-CREF Retirement Account			X											NA				X										
	114 Floral St. (Newton, MA) see also schedules IV and V	X												X							X								
	1919 S St., NW (Wash., DC) (personal residence; ½ interest)					X									NA				X										
	City of Springfield, MA municipal bonds			X											X						X								
	McGraw-Hill Publishing Co. (Hightstown, NJ)		INDEFINITE											ROYALTIES					X										
	Times Books, Inc. (New York, NY		INDEFINITE											ROYALTIES					X										
	Fidelity Investments (Boston, MA) IRA (mutual funds)		X										X			X			X										
	City of Taunton, MA municipal bonds			X											X					X									
	Town of Leicester, MA municipal bonds			X											X					X									
	University of Massachusetts Building Authority bonds		X												X					X									
	Fidelity Investments (Boston, MA) tax-free money market account		X												X					X									

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SCHEDULE IV — TRANSACTIONS

Name: Barney Frank

Page 3 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	114 Floral St. (Newton, MA)		X		4-1-95			X							
	City of Taunton, MA municipal bonds	X			6-15-95	X									
	Town of Leicester, MA municipal bonds	X			6-15-95	X									
	University of Massachusetts Building Authority bonds	X			6-15-95	X									

This page may be copied if more space is required.

Name Barney Frank

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank of Boston	Mortgage on 114 Floral St. (Newton, MA)		X								
	Columbia First (Arlington, VA)	Mortgage on 1919 S St., NW (Wash., DC) ½ interest				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Barney Frank | Page 5 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
New School for Social Research (New York) - speech	Feb. 19-20	New York - Wash., DC - Boston (air travel)	Y	Y	N	N
Prague Friendship Society (Czech Republic) - to discuss Export-Import Bank financing of Czech energy projects	April 15-24	Wash.-Frankfurt-Prague-Paris-Wash. (air travel)	Y	Y	N	4 days
Long Island Chapter Americans for Democratic Action (Kings Pt., NY) - speech	May 7 - 8	Boston-New York-Wash. (air travel)	Y	Y	N	N
Empire State Pride (New York) - speech	Oct. 5-6	Wash.-New York (train)	Y	Y	N	N
Yale Univ. Law School-panel discussion	Oct. 6	New York-New Haven, CT (train) *	N	N	N	N
Humphrey Inst. Policy Forum (Univ. of Minn.) panel disc.	Oct. 13-14	Wash.-Minneapolis-Boston (air travel)	Y	Y	N	N
Chicago Chapter ACLU-panel discussion	Nov. 4-5	Wash.-Chicago-Wash. (Air travel)	Y	Y	N	N
Amer. Academy of Psychotherapists(Decatur, GA)- speech	Nov. 11-12	Wash.-San Francisco-Denver (air travel)**	Y	Y	N	N
Eagleton Lecture Series (Rutgers Univ.) panel disc.	Dec. 8-9	Wash.-Newark, NJ-Boston (air travel)	Y	Y	N	N
		*Air travel New Haven - Boston paid by Rep. DeLauro's reelection campaign				
		** Air travel Denver - Boston paid by Rep. Skaggs' reelection campaign				

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Robert D. Franks & Frances L. Smith
(Full Name)

1200 Springfield Avenue, Apt. 3-B
(Mailing Address)

New Providence, New Jersey 07974

Daytime Telephone
(201) 994-9400 Martin S. Barber MC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): 5/14/96

1237

Name Robert D. Franks | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$124,360
	Insurance Services Office, Inc.	Spouse salary	$ 67,427

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert D. Franks

Page 1 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	United Counties Trust Company		X												X					X									
	Summit Federal SLA		X												X				X										
SP	First Fidelity Bank, N.A.		X												X				X										
SP	Legg Mason Wood Walker, Inc.	X											X						X										
SP	Insurance Company Supported Organizations Employees Savings Plan				X																								

For additional assets and unearned income, use next page.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary Board Member	Board of Managers of Childrens Specialized Hospital
Honorary Board Member	Long-Term Planning Committee of Overlook Hospital
Honorary Board Member	Advisory Board of the Occupational Center
Honorary Board Member	Runnells Specialized Hospital Foundation Board
Honorary Board Member	Friends of the Garden State Cancer Center
Honorary Board Member	Board of Directors of the Cerebral Palsy Assoc. of Middlesex County

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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VICTOR O. FRAZER
(Full Name)

1711 LONGWORTH HOUSE OFFICE BLDG. 202/225-1790
(Mailing Address) Daytime Telephone

WASHINGTON, D.C. 20515

Filer Status	☑ Member of the U.S. House of Representatives — State: VIRGIN IS. District: ____	☐ Officer or Employee	Employing Office: ____
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☑	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Victor O. Frazer

DATE (Month/Day/Year): May 9, 1996

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name VICTOR O. FRAZER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	SIGNET BANK CHECKING ACCOUNT		X																										
	Chase Manhattan CHECKING ACCOUNT		X																										
	Longmeadow Credit Union		X																										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name VICTOR O. FRAZER

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	Pennsylvania Condominium Corp.		X			7-21-95					X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	TAIPEI ECONOMIC AND CULTURAL REPRESENTATIVE IN U.S.	MAY 29	WASH, D.C. - L.A. - Taipei	Y	Y	N	N
		JUNE 3	Taipei - L.A. - WASH, D.C.				
	CHINESE NAT'L ASSOC. OF INDUSTRY AND COMMERCE	AUG 19	WASH, D.C. - NY. - Taipei	Y	Y	N	N
		AUG 26	Taipei - NY. - WASH, D.C.				

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Name	Page
VICTOR O. FRAZER	8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Rodney P. Frelinghuysen
(Full Name)

335 James Street
(Mailing Address)

(908) 439-3499 (Tina)
Daytime Telephone:

Morristown, New Jersey 07960

(202) 225-5034 (Rodney)

Filer Status	[X] Member of the U.S. House of Representatives	State: New Jersey District: 11	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL: Rod P. Frelinghuysen

DATE (Month/Day/Year): 5/14/96

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N O N E		

For payments to charity in lieu of honoraria, use Schedule II.

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Name Rodney P. Frelinghuysen | Page 3 of 31

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rodney P. Frelinghuysen

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	See Continuation Sheets																												
	Pages 5 thru 20																												

For additional assets and unearned income, use next page.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	CURRENT VALUE	INCOME TYPE	1995 INCOME	1995 TRANSACTION
Johnson & Johnson	F	DIV	IV	
Pall Corp.	F	DIV	IV	DIV REINVEST.
Peapack Gladstone Bank - NJ	C	DIV	III	
Summit Bancorp. - NJ	D	DIV	III	
Valley National Bancorp - NJ	B	DIV	I	
Freedom Tax Exempt Money Fund	B	DIV	I	
Procter & Gamble Co.	H	DIV	VI	DIV REINVEST.
International Business Machines	F	DIV	IV	DIV REINVEST.
Eli Lilly & Co.	E	DIV	V	DIV REINVEST.
Computer Technology (IRA)	B	NONE	NONE	
Freedom Cash Management Fund(IRA)	B	DIV	I	DIV REINVEST.
Peapack Gladstone Bank (CKG)	E	INT	III	
Chemical Bank (SVGS)	B	INT	II	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	CURRENT VALUE	INCOME TYPE	1995 INCOME	1995 TRANSACTION
Congressional Federal Credit Union	C	Int	III	
Aetna Life & Casualty Co.	D	DIV	III	
Citizens Utilities Co. - Ser A	C	NONE	NONE	
First Fidelity Bancorp.	C	DIV	II	
Merck & Co., Inc.	E	DIV	IV	
Pfizer, Inc.	D	DIV	II	
Tambrands, Inc.	C	DIV	II	
Thomas & Betts Corp.	C	DIV	II	
Warner Lambert Co.	C	DIV	III	
CATS - PRIN - Ser K	B	OID INT	I	
CATS - PRIN - Ser M	B	OID INT	II	
CATS - PRIN - Ser Q	C	OID INT	III	
Freedom Cash Management Fund	D	DIV	IV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	CURRENT VALUE	INCOME TYPE	1995 INCOME	1995 TRANSACTION
Twin Oaks Realty	B	Ptnrship	V	
First Pioneer Farm Credit, ACA Depreciating Member Ownership of 5% of loan balance	B	None	None	
134.96 Acres unimproved land, Frelinghuysen Twp., NJ (Est.Value)	G	None	None	
1/5th undivided interest in 235.8 acres of unimproved land, Stockbridge, Ma. (Est.Value)	E	None	None	
22.84 Acres unimproved land, Green Twp., NJ (Est. Value)	C	None	None	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1995 Income received III

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Non-Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1995 Income received VIII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : A.H. Frelinghuysen 1950 Trust ,
Peter H. B. Frelinghuysen and Henry O.H. Frelinghuysen,
Trustees (1/5 income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1995 Income received VI

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. S. Procter Trust U/A dated 5/31/60, Henry O.H. Frelinghuysen and Mac Donald Budd, Trustees (discretionary 1/6 income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1995 Income received VII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Peter H.B. Frelinghuysen Trust U/D dated 1/17/57, Peter H.B. Frelinghuysen and Henry O.H. Frelinghuysen, Trustees (1/9th income interest)*

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Rodney P. Frelinghuysen does not receive monthly, quarterly, or yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1995 Income Received VI

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
Knight Ridder, Inc.	C	DIV	
Merck & Co., Inc.	E	DIV	
Procter & Gamble Co.	G	DIV	
Thomas & Betts Corp.	C	DIV	
USX - Marathon Group	B	DIV	
USX - U S Steel	B	DIV	
U. S. Treasury Notes	B	INT	
Banker's Trust Co. Tax Free Income Fund	E	DIV	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee. Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments However, Rodney P. Frelinghuysen does receive quarterly statements regarding this trust.

1995 Income Received V

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)*

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
Scudder Institutional Tax Free Fund	D	INT	WITHDRAWN
New Jersey Ref Ser B	D	INT	
U. S. Treasury Notes	F	INT	P
Lewisville Texas Muni Bond	C	INT	
U. S. Treasury Bonds	D	INT	
Voorhees Twp. NJ Bd of Ed	D	INT	
Passaic Cty NJ Ref - Gen Imp	C	INT	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
Time Warner, Inc. Conv Sub Deb	C	INT	P
Deptford Twp.NJ School District	E	INT	P
Home Depot, Inc.	D	DIV	S
CPC International	C	DIV	
Coca Cola Co.	D	DIV	S
General Mills	C	DIV	
Pepsico, Inc.	E	DIV	S
Phillip Morris Cos., Inc.	D	DIV	
Procter & Gamble Co.	B	DIV	
Sara Lee Corp.	C	DIV	
Bristol Myers Squibb Co.	C	DIV	
Merck & Co., Inc.	D	DIV	
Pfizer, Inc.	E	DIV	
Schering Plough Corp.	C	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
Aetna Life & Casualty	E	DIV	
Hartford Steam Boiler Insp. & Ins.	C	DIV	
J.P. Morgan & Co.	D	DIV	
Time Warner, Inc.	B	DIV	P
General Motors Corp. CL'E'	D	DIV	
H & R Block	D	DIV	
Reuters Holdings PLC ADR B	C	DIV	P
General Electric Co.	D	DIV	P
Emersen Electric Co.	C	DIV	P
Parker - Hannifin Corp.	D	DIV	P
Hewlett - Packard	E	DIV	
Intel Corp.	C	DIV	
International Business Machines	B	DIV	
Microsoft Corp.	E	NONE	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
Motorola, Inc.	D	DIV	
Atlantic Richfield	D	DIV	
Enron Corp.	C	DIV	P
Exxon Corp.	D	DIV	
Royal Dutch Petroleum Co.	C	DIV	P
Union Pacific Corp.	D	DIV	
Morgan Stanley Emerging Mkt. Funds	C	NONE	P
Scudder Int'l Fund	E	DIV	
AT & T Corp.	C	DIV	P
Telefonica De Espana S.A.	B	DIV	
Darden Restaurants, Inc.	B	DIV	P
Banc One Corp.	C	DIV	P
1995 Income Received		VII	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income beneficiary)*

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
Scudder Institutional Fund Tax Free	B	INT	WITHDRAWN
U. S. Treasury Notes (Various)	F	INT	P/S
Randolph Twp. NJ Muni Bond	D	INT	
NJ Sports Expo Auth	D	INT	
NJ (Tax Exempt) Muni Bond	D	INT	
Florida St Bd of Ed	C	Int	
Banc One Corp. $3.50 Conv Pfd C	D	DIV	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
Darden Restaurants, Inc.	B	DIV	P
Coca Cola Co.	D	DIV	S
General Mills	D	DIV	
Phillip Morris Cos., Inc.	D	DIV	
Sara Lee Corp.	D	DIV	
Abbott Labs	C	DIV	P
Merck & Co., Inc.	D	DIV	
Johnson & Johnson	C	DIV	P
Warner Lambert	C	DIV	
AT & T Corp.	C	DIV	P
Bell South Corp.	D	DIV	
American Int'l Group	D	DIV	
J.P. Morgan & Co.	D	DIV	
Gannett Co.	C	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	CURRENT VALUATION	INCOME TYPE	1995 TRANSACTION
General Motors Corp. CL 'E'	D	DIV	
Reuters Holdings PLC ADR	D	DIV	P
E.I. DuPont DeNemours	D	DIV	S
Emerson Electric	C	DIV	P
General Electric Co.	E	DIV	S
Parker - Hannifin Corp.	D	DIV	
Hewlett - Packard	D	DIV	
Intel Corp.	C	DIV	P
Microsoft Corp.	D	DIV	
Motorola, Inc.	D	DIV	P
Atlantic Richfield	C	DIV	
Exxon Corp.	E	DIV	
Royal Dutch Petroleum	E	DIV	
1995 Income Received		VI	

SCHEDULE IV — TRANSACTIONS

Name Rodney P. Frelinghuysen

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	Over
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	See Continuation Sheets															
	Pages 22 thru 28															

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Qtrly. Div. Re-Invest.	Pall Corporation	P	B
Qtrly. Div. Re-Invest.	Procter & Gamble	P	C
Qtrly. Div. Re-Invest.	International Business Machines	P	B
Qtrly. Div. Re-Invest.	Eli Lilly & Co.	P	B
Mthly Div. Re-Invest.	Freedom Cash Mgmt Fund (IRA)	P	A

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
02/16/95	Amoco Corp.	Sold	B
02/16/95	British Airways PLC ADR	Sold	B
02/16/95	E. I. DuPont De Nemours	Sold	B
02/16/95	Dun & Bradstreet Corp.	Sold	B
02/16/95	Eastman Kodak Co.	Sold	B
02/16/95	GTE Corp.	Sold	B
02/16/95	Goulds Pumps Co.	Sold	B
02/16/95	ITT Corp.	Sold	B
02/16/95	Knight Ridder, Inc.	Sold	B
02/16/95	Oklahoma Gas & Electric	Sold	B
02/16/95	Pitney Bowes Co.	Sold	B
02/16/95	Scott Paper Co.	Sold	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

02/16/95	Shell Transport & Trading Co.	Sold	B
02/16/95	Stanley Works	Sold	B
02/16/95	Sundstrand Corp.	Sold	B
02/17/95	Ford Motor Co.	Sold	B
02/17/95	U.S. Treasury Notes 7.125% 9/30/99	Purchase	C
02/17/95	U.S. Treasury Notes 7.500% 11/15/01	Purchase	D
02/28/95	Deptford Twp. NJ Sch 5.625% 2/01/07	Purchase	D
03/06/95	AT &T Corp.	Purchase	B
03/06/95	Time Warner, Inc.	Purchase	B
03/06/95	Reuters Holdings PLC ADR B	Purchase	C
04/11/95	Morgan Stanley Emerging Mkts Fund	Purchase	C
05/23/95	Coca Cola Co.	Sold	C
05/23/95	Ford Motor Co.	Sold	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

05/23/95	Home Depot	Sold	C
05/23/95	National City Corp.	Sold	B
05/23/95	Pepsico	Sold	C
05/23/95	Texas Utilities	Sold	C
05/24/95	U.S. Treasury Notes 6.375% 1/20/2000	Purchase	C
05/24/95	Emerson Electric	Purchase	C
05/24/95	Enron corp.	Purchase	C
08/22/95	Royal Dutch Petroleum	Purchase	C
08/22/95	Emerson Electric	Purchase	C
08/22/95	Darden Restaurants, Inc.	Purchase	B
08/22/95	Morgan Stanley Emerging Mkts Fund	Purchase	C
09/18/95	Time Warner, Inc. Conv.Sub Deb	Called	C
09/23/95	Reuters Holding PLC ADR B	Purchase	C
12/11/95	Morgan Stanley Emerging Mkt Fund	Sold	C
12/11/95	Morgan Stanley Emerging Mkt Fund	Sold	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

Various	Scudder Institutional Funds (Money Market Fund - Tax Free)	W/D

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
01/04/95	Beauregard Parish LA	Called	D
01/08/95	Intel Corp.	Purchase	B
01/08/95	Motorola Inc.	Purchase	B
02/24/95	Marsh & McClennan Cos.	Sold	C
02/24/95	E.I. DuPont DeNemours	Sold	B
02/24/95	General Electric	Sold	B
02/28/95	Abbott Labs	Purchase	C
02/28/95	Johnson & Johnson	Purchase	C
02/28/95	Reuters Holdings PLC ADR B	Purchase	B
03/02/95	U.S. Treasury Note	Redeemed	C
03/06/95	U.S. Treasury Notes	Purchase	C
05/31/95	Coca Cola Co.	Sold	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

05/31/95	Southwestern Bell Corp.	Sold	D
06/07/95	Darden Restaurants, Inc	Purchase	B
06/07/95	A T & T Corp.	Purchase	B
06/07/95	Emerson Electric Co.	Purchase	C
11/15/95	U.S. Treasury Bonds	Redeemed	C
11/15/95	U. S. Treasury Note	Purchase	D

Name Rodney P. Frelinghuysen

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Pioneer Farm Credit, ACA	Mortgage on Real Estate in Frelinghuysen Twp.			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Rodney P. Frelinghuysen

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Jewish Federation of Metro West	Jul 4-10	Newark-Israel-Newark	Y	Y	N	N

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	Morristown Memorial Hospital, Morristown, N.J.
Board of Trustees	The Peck School, Morristown, N.J.
Member, Advisory Board	El Primer Paso Ltd., Morristown, N.J.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

Daniel Frisa
(Full Name)

631 The Plain Road
Westbury NY 11590
(Mailing Address)

Daytime Telephone (516) 739-1800

Filer Status	☑ Member of the U.S. House of Representatives — State: NY District: 4	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

PAGE 1 of 6

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Daniel Frisa

DATE (Month/Day/Year) 5/15/96

1280

Name	DANIEL FRISA	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LINENS 'N THINGS, CLIFTON, NJ	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DANIEL FRISA | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	BED, BATH BEYOND - STOCK		X																X										
JT	MUNICIPAL BOND FUND - MUNICIPAL SECURITIES TRUST			X									X								X								
JT	TEMPLETON CHINA FUND		X																X										
JT	NAT WEST BANK, ACCOUNTS				X																X								
JT	PRUDENTIAL SECURITIES ASSET ACCOUNT			X																	X								
JT	631 THE PLAIN ROAD, WESTBURY NY	X												X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DANIEL FRISA

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
S	EAB IRA ACCOUNT		X												X					X									
	NYS DEFERRED COMPENSATION FUND				X										X						X								

This page may be copied if more space is required.

Name DANIEL FRISA | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	KEY BANK, NA, BUFFALO, NY	MORTGAGE ON 621 THE PARK RD, WEBSTER NY										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A	N/A	0

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN-ISRAEL EDUCATION FOUND.	AUG. 15-23	NEW YORK-TEL AVIV-NEW YORK	Y	Y	Y	0

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(7) 156

COMMERCE COMMITTEE
SUBCOMMITTEES:
TELECOMMUNICATIONS & FINANCE
COMMERCE, TRADE & HAZARDOUS MATERIALS
OVERSIGHT & INVESTIGATIONS

Congress of the United States
House of Representatives

CONGRESSMAN DAN FRISA
4TH DISTRICT, NEW YORK

CAPITOL OFFICE
1529 LONGWORTH BUILDING
WASHINGTON, D.C. 20515-3024
(202) 225-5516

DISTRICT OFFICE
250 OLD COUNTRY ROAD
MINEOLA, N.Y. 11501
(516) 739-1600

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May 22, 1996

MC

The Clerk
US House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

Dear Sir,

Please find enclosed the original and two copies of my amended Financial Disclosure Statement, amended on this day, May 22nd, 1996.

Thank you very much for your assistance. If you should have any questions, please contact me at (202) 225-5516.

Sincerely,

DAN FRISA

enclosures

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

Daniel Frisa
(Full Name)

631 The Plain Road
Westbury NY 11590
(Mailing Address)

(516) 739-[illegible]
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State: NY District: 4	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

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PAGE 1 of 6

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: Daniel Frisa

DATE (Month/Day/Year): 5/15/96

Name	DANIEL FRISA	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	LINENS 'N THINGS, CLIFTON, NJ	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DANIEL FRISA

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset										Block C: Type of Income					Block D: Amount of Income										Block E: Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCERPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	JED, BAINT BEYOND – STOCK		X																X										
JT	MUNICIPAL BOND FUND - MUNICIPAL SECURITIES TRUST			X									X								X								
JT	TEMPLETON CHINA FUND		X																X										
JT	NAT WEST BANK, ACCOUNT				X										X						X								
JT	PRUDENTIAL SECURITIES ASSET ACCOUNT			X											X						X								
JT	631 THE PLAIN ROAD, WESTBURY NY	X												X					X										

For additional assets and unearned income, use next page.

+ D. Frisa (AMENDMENT)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DANIEL FRISA

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SI	EAB IRA ACCOUNT		X												X					X										
	NYS DEFERRED COMPENSATION FUND				X										X						X									

This page may be copied if more space is required.

Name DANIEL FRISA | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	KEY BANK, NA, BUFFALO, NY	MORTGAGE ON 621 THE PLAIN RD, WATERTOWN NY		X	5/22/96*							

* Daniel Frisa (AMENDMENT)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A	N/A	0

Use additional sheets if more space is required.

Name DANIEL FRISA | Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN-ISRAEL EDUCATION FOUND.	AUG. 15-23	NEW YORK - TEL AVIV - NEW YORK	Y	Y	Y	0

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Martin Frost
(Full Name)

2459 Rayburn House Office Building
(Mailing Address)

202-225-3605
Daytime Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U S House of Representatives	State: ____ District: ____	[ ] Officer or Employee	Employing Office. ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date. ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Martin Frost

DATE (Month/Day/Year) 5/6/96

Name Martin Frost | Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Connell Company	Speech	Jan. 10, '95	$2000.00
	Green County Democratic Central Cmte.	Speech	April 8, '95	1000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Martin Frost

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	Examples: 123 Main St., Dover, Del.							X						X											X				
	Examples: 1st Bank of Paducah, KY accounts					X									X							X							
	Central & Southwest Stock			X									X									X							
	Eli Lilly Stock			X									X							X									
	Exxon Stock				X								X									X							
	Houston Industries Stock			X									X								X								
	Coca Cola Stock (IRA)		X										X							X									
	Mattel Stock (IRA)		X																X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Treasury CATS (IRA)		X																X										
	Municipal Invest. Trust Fund		X										X						X										
SP	McDonald's Stock			X									X						X										
SP	Walmart Stock		X										X						X										
SP	WMX Stock		X										X						X										
SP	Viacom			X									X						X										
SP	Treasury CATS (IRA)			X											X				X										
SP	Series E Bonds		X												X				X										
SP	Sara Lee Stock		X										X						X										
SP	Staples Stock		X																X										
SP	Coca Cola Stock		X										X						X										
SP	Philip Morris Stock		X										X							X									
SP	Telefones de Mexico		X										X						X										
SP	Texaco Stock		X										X							X									
SP	Pall Corp Stock		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset										BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	NYNEX Stock		X										X							X									
SP	Merck Stock		X										X						X										
SP	Citizens Utilities Stock		X										X						X										
SP	Pentech Stock		X																X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
DC	Congressional Federal Credit Union		X												X					X									
DC	Northwesteran Mutual Ins. Pol.		X										X						X										
DC	Treasury C.A.T.S.			X											X						X								S
DC	Coca Cola Stock		X										X						X										
DC	McDonalds Stock		X										X						X										
DC	Walmart Stock		X										X						X										
DC	Walt Disney Stock		X										X						X										
DC	AT&T Stock		X										X						X										
DC	Texaco Stock		X										X						X										
DC	Bristol Myers Squibb Stock		X										X						X										
DC	Treasury C.A.T.S.			X											X						X								
DC	Westinghouse Stock		X										X						X										
DC	Coca Cola Stock		X										X						X										
DC	General Electric Stock		X										X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
DC	McDonalds Stock		X										X						X										
DC	Sara Lee Stock		X										X						X										
DC	Walmart Stock		X										X						X										
DC	Walt Disney Stock		X										X						X										
DC	AT&T Stock		X										X						X										
DC	Bristol Myers Squibb Stock		X										X						X										
DC	Texaco Stock		X										X						X										
DC	Bond, Conroe Texas ISD		X																X										S
DC	Bond, MD. St. Health & Higher Educ.		X																X										
DC	Bond, Austin, TX, ISD		X																X										
DC	Westinghouse Stock		X										X						X										
DC	Congressional Federal Credit Union		X												X				X										

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Martin Frost

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–95		X								
	Walmart Stock		X		1/25/95	X									
DC	Bond,Conroe, TXISD		X			X									
DC	Treasury C.A.T.S.		X			X									

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1300

Name Martin Frost

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Magnolia Mortgage Company	Mortgage on 2535 Wedglea, Dallas, TX		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(4)

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(Full Name)
David B. Funderburk

(Mailing Address)
P.O. Box 190, Buies Creek, NC 27506

Daytime Telephone
910 893-3342

Filer Status	XX Member of the U.S. House of Representatives	State NC District 02	☐ Officer or Employee — Employing Office
Report Type	XX Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes X	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes X	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes X	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No X	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No X	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL David B. Funderburk

DATE (Month/Day/Year) May 14, 1996

Name	David B. Funderburk	Page 2 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	The Tobacco Institute	Speech	Sept. 12, 1995	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David B. Funderburk

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	25 acres farmland, Pageland, SC		X																		X								
	Residential Lot, Buies Creek, NC		X																X										

For additional assets and unearned income, use next page.

Name	David B. Funderburk	Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	John Wesley College
Asst.Dist.Commissioner	Boy Scouts of America Occoneechee Council

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

David B. Funderburk
(Full Name)

PO Box 190, Buies Creek, NC 27506
(Mailing Address)

910-893-3342
Daytime Telephone

Filer Status	[XX] Member of the U.S. House of Representatives — State NC District 02	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[XX] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL David Funderburk

DATE (Month/Day/Year) May 22, 1996

1306

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Elizabeth Furse
(Full Name)

316 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-0855

HAND DELIVERED

MC (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Oregon District First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Elizabeth Furse

DATE (Month/Day/Year) May 15, 1996

1307

Name Elizabeth Furse	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Columbia River Intertribal Fish Commission	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Elizabeth Furse

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E P, S, E
SP, DC, JT	*Examples*	SP Mega Corp. Stock				X								X							X									P
		123 Main St., Dover, Del							X						X										X					
		1st Bank of Paducah, KY accounts					X									X							X							
JT		22485 NW Yungen, Hillsboro, OR					X							production of grapes						X										
JT		22770 & 22790 NW Yungen Hillsboro, OR					X								X									X						
JT		wine held in trust by Laurel Ridge Winery			X									sales									X							S(portion)
JT		Columbia Daily Income Account				X										X					X									

For additional assets and unearned income, use next page.

Name Elizabeth Furse

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Farm Credit Service	mortgage on 22485, 22770 22790 NW Yungen, Hillsboro,OR				X						
JT	Sidney Brownell, Cambria, CA	secured demand note			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Committee Member	Oregon Peace Institute (Portland, OR)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A

For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
MAY 7 1996
mc
(Office Use Only)

Elton Gallegly
(Full Name)

P. O. Box 3789
(Mailing Address)

Simi Valley, CA 93093

Daytime Telephone
805-522-4487

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XX]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 5-6-96

1312

Name	Elton Gallegly	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dynamic Realty	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Elton Gallegly

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	1791 Erringer Rd, Simi Valley						X							X										X					
JT	1353 Agnew St, Simi Valley, CA					X								X									X						
SP	Dynamic Realty		X																N/A										
JT	Simi Valley Bank				X										X						X								
JT	So. California Savings					X									X								X						
	Cong. Fed. Credit Union		X												X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elton Gallegly

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	P, S, E
	Keough - Bank of A. Levy		X																N/A										
	IRA - Resources Trust RTC Cash Account	X																	N/A										
	IRA - Resources Trust Ventura Pac Capital Gp VII		X																N/A										
	IRA - Resources Trust - Rincon Pac Mgmt Focus Sector All				X														N/A										P
	IRA - Resources Trust - Meridian Point Realty Tr VII Co Pfd		X																N/A										
SP	IRA - Carnegie Funds Group	N/A																	N/A										S
SP	IRA - Fortis Funds Advantage Asset Allocation			X															N/A										P
SP	IRA - DLJSC Amgen		X																N/A										
JT	Midland Property Ltd Ptr XXIII ~~who owns affordable housing at~~ Central Ave. & Ventura Court ~~Center, Colorado -- and~~ who owns senior housing at ~~1615 "O" Street~~ Sacramento, CA 95814			X											X				X										

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1315

Name Elton Gallegly

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	IRA - Resources Trust - Rincon Pacific Mgmt Focus Sector Allocation	X			2-6-95			X							
SP	IRA - Carnegie Funds Group		X		1-2-95		X								
SP	IRA - Fortis Funds Advantage Asset Allocation	X			1-2-95		X								

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Name Elton Gallegly

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Mrs. Melissa Steinbergs 16065 Pinnacle Rd, Chino Hills CA	Mortgage/1791 Erringer Simi Valley, CA				X						
JT	First Interstate Mtg., L.A., CA which was sold to	Mortgage/1353 Agnew St. Simi Valley				X						
	GMAC Mortgage P. O. Box 780, Waterloo, IA 50704											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Elton Gallegly	Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Farm Bureau (fact finding)	11-4-95	Fullerton-San Diego CA	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC (Office Use Only)

JOHN GREGORY GANSKE
(Full Name)

5206 WATERBURY ROAD, DES MOINES, IA 50312
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: IOWA District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [✓]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Greg Ganske **DATE** (Month/Day/Year) 5/8/96

Name JOHN GREGORY GANSKE	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontano County Board of Education	Spouse Salary	NA
	CORRINNE GANSKE, MD MEDICAL PRACTICE, DES MOINES, IA		
	CENTRAL IOWA HOSPITAL CORPORATION	SALARY-SPOUSE	N/A
	JOHN GREG GANSKE, MD, PRIOR MEDICAL PRACTICE, DES MOINES, IA	PATIENT FEES -OLD ACCOUNTS	14825

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN GREG GANSKE	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
NONE			

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Name JOHN GREGORY GANSKE | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	ST JOE PAPER COMPANY STOCK					X							X							X									
	CENTRAL FA CDA LTD CL-A STOCK				X								X								X								
	IRA VANGUARD WINDSOR FUND			X									X			X					X								
	IRA - FIDELITY MAGELLAN				X								X			X						X							
	KEOGH - JANUS - TWENTY FUND					X							X			X								X					
	KEOGH - MUTUAL SHARES FUND					X							X			X								X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN GREGORY GANSKE | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	KEOGH - VANGUARD WINDSOR II					X							X			X								X					
	KEOGH - SCHWAB GOVT MONEY FUND			X									X			X						X							
	FARMLAND, NORTHERN IOWA					X																		X					
	156 ACRES, HAMILTON CO.																												
	CHECKING ACCT - NORWEST			X																	X								
	FAREWAY STORES STOCK			X									X								X								
	ALLIANCE GOVT RESERVES FUND							X					X											X					
	SAVINGS ACCT - NORWEST		X																	X									
Sp	KEOGH - SCHWAB				X								X			X						X							
Sp	IRA FIDELITY				X								X			X								X					
Sp	IRA - VANGUARD - WINDSOR FUND				X								X			X							X						
Sp	TSA - EQUIVEST		X										X			X				X									
Sp	SAVINGS - NORWEST				X										X							X							
Sp	CHECKING NORWEST		X																X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN GREGORY GANSKE

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
DC	Trust - NorWest, common funds						X															X						

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SCHEDULE IV — TRANSACTIONS

Name JOHN GREGORY GANIKE | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	FIRST BANK SYSTEMS STOCK		X		11-30-95			X							
	MAYTAG CORP STOCK		X		11-30-95		X								
	NORWEST CORP STOCK		X		11-30-95		X								
	CONAGRA INC STOCK		X		11-30-95		X								
	PIONEER HI BRED STOCK		X		11-30-95			X							
	BERKSHIRE HATHAWAY STOCK		X		11-30-95					X					
	BERKSHIRE HATHAWAY STOCK		X		11-30-95				X						
	BERKSHIRE HATHAWAY STOCK	X			7-12-95				X						
	PIONEER HI BRED STOCK	X			7-12-95		X								
	ALLIANCE GOVERNMENT RESERVES FUND	X			12-5-95						X				

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Name JOHN GREGORY GANSKE | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name JOHN GREGORY GANEKE | Page ___ of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

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Name JOHN GREGORY EANBKE	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

'96

RECEIVED
OFFICE OF THE CLERK
96 MAY 15 PM 2:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

✓ HAND DELIVERED

MC

5/15/95

GREG GANSKE
MEMBER OF CONGRESS
FOURTH DISTRICT
IOWA

To whom it may concern:

"TSA: Equivest" was purchased in 1995 as part of employement benefits through Iowa Health Systems which employs my wife. I am resubmitting copies of the corrected report.

Greg Ganske

NOT PRINTED OR MAILED AT GOVERNMENT EXPENSE

LEGISLATIVE RECORD

96 MAY -8 PM 4:46 (11) 196

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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96 MAY 8 PM 2:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1330

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
96 MAY -9 PM 3:48
COMMITTEE ON STANDARDS

JOHN GREGORY GANSKE
(Full Name)

5206 WATERBURY ROAD, DES MOINES, IA 50312
(Mailing Address)

Daytime Telephone

MC
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State IOWA District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [✓]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U S C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL *Greg Ganske* DATE (Month/Day/Year) 5/8/96

Name JOHN GREGORY GANSKE	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CORRINNE GANSKE, MD. MEDICAL PRACTICE, DES MOINES, IA		
	CENTRAL IOWA HOSPITAL CORPORATION	SALARY-SPOUSE	N/A
	JOHN GREG GANSKE, MD PRIOR MEDICAL PRACTICE, DES MOINES, IA	PATIENT FEES -OLD ACCOUNTS	14825

For payments to charity in lieu of honoraria, use Schedule II.

Name JOHN GREG GANSKE	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN GREGORY GRANSKE | Page of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
✓	ST JOE PAPER COMPANY STOCK					X							X							X									
✓	CENTRAL FD CDA LTD CL-A STOCK				X								X								X								
✓	IRA VANGUARD WINDSOR FUND			X									X			X					X								
✓	IRA - FIDELITY MAGELLAN				X								X			X						X							
✓	KEOGH - JANUS TWENTY FUND					X							X			X							X						
✓	KEOGH - MUTUAL SHARES FUND					X							X			X							X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN GREGORY GANSKE

Page ___ of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	~~RENT~~ FARM INCOME	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transact P, S, E
✓	KEOGH VANGUARD WINDSOR II					X							X			X								X						
✓	KEOGH - SCHWAB GOVT MONEY FUND			X									X			X						X								
✓	FARMLAND, NORTHERN IOWA					X									X									X						
	156 ACRES, HAMILTON. CO.																													
✓	CHECKING ACCT - NORWEST			X												X					X									
	FAREWAY STORES STOCK			X									X								X									P
✓	ALLIANCE GOVT RESERVES FUND							X					X											X						P
✓	SAVINGS ACCT - NORWEST		X													X				X										
✓	Sp KEOGH - SCHWAB				X								X			X						X								
✓	Sp IRA - FIDELITY				X								X			X								X						
✓	Sp IRA - VANGUARD WINDSOR FUND				X								X			X							X							
	Sp TSA - EQUITRUST		X										X			X				X										P
✓	Sp SAVINGS - NORWEST				X										X							X								
✓	Sp CHECKING NORWEST		X												X				X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN GREGORY GANSILE | Page ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOC Transa P S E
✓ DC	Trust - NorWest, common funds						X						X		X								X						

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SCHEDULE IV — TRANSACTIONS

Name JOHN GREGORY GANIKE | Page —

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X							
✓	FIRST BANK SYSTEMS STOCK		X		11-30-95			X						
✓	MAYTAG CORP STOCK		X		11-30-95		X							
✓	NORWEST CORP STOCK		X		11-30-95		X							
✓	CONAGRA INC STOCK		X		11-30-95		X							
✓	PIONEER HI BRED STOCK		X		11-30-95			X						
✓	BERKSHIRE HATHAWAY STOCK		X		11-30-95					X				
✓	BERKSHIRE HATHAWAY STOCK		X		11-30-95				X					
✓	BERKSHIRE HATHAWAY STOCK	X			7-12-95				X					
✓	PIONEER HI BRED STOCK	X			7-12-95		X							
✓	ALLIANCE GOVERNMENT RESERVES FUND	X			12-5-95						X			

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Name JOHN GREGORY GANSKE | Page ___ o

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owe during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilit owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceed $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability								
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001+ $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X					
	NONE										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the y

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relation to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name JOHN GREGORY GAMBLE | Page ___ of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received b you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, ar the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid direct by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under th Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independe of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

Name JOHN GREGORY GANSKE	Page _ of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

(9)

MC HAND DELIVERED
(Office Use Only)

Samuel Gejdenson
(Full Name)

2416 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-2076

Filer Status	[X] Member of the U.S. House of Representatives	State: Connecticut District: 2	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): 5-15-96

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Name	Samuel Gejdenson	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Joseph Cohn and Son, Inc	Spouse benefits	n/a
	United Illuminating	Spouse Director's fees	n/a
	Birmingham Utilities	Spouse salary	n/a
	Aristotle Corporation	Spouse director's fees	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name Samuel Gejdenson | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Samuel Gejdenson

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	110 3rd St, NE Washington DC (basement apartment rented)						X							X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel Gejdenson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	None																												

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SCHEDULE IV — TRANSACTIONS

Name Samuel Gejdenson

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–95		X								
	None															

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Name Samuel Gejdenson | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Eastern Savings & Loan Norwich, CT	Line of Credit Comm Gejdenson Re-election		X								
	Eastern Savings & Loan Norwich, CT	Personal loan		X								
	Mellon Mortgage Co	Mtge on 110 3rd St NE Washington, DC			X							
	Wright Patman Cong Fed Credit Union	Credit overdraft		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

This page may be copied if more space is required.

Name Samuel Gejdenson	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(1)

96 MAY 14 AM 11:24

OFFICE OF THE CLERK

HAND DELIVERED

mc

(Office Use Only)

GEORGE W. GEKAS
(Full Name)

732 SOUTH 25th STREET
(Mailing Address)

HARRISBURG PENNSYLVANIA 17111

Daytime Telephone 202. 225. 4315

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 17th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 13, 1996

Name	Page
GEORGE W. GEKAS	2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	GORDON D. MYERS, M.D.	SPOUSE SALARY	NA
	COMMONWEALTH OF PENNSYLVANIA STATE EMPLOYE'S RETIREMENT SYSTEM	PENSION	$15,128

For payments to charity in lieu of honoraria, use Schedule II.

Name GEORGE W. GEKAS | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X										X					
	1st Bank of Paducah, KY accounts					X									X							X							
	DAUPHIN DEPOSIT BANK HARRISBURG, PA (IRA)			X											X						X								P
SP	PRUDENTIAL SECURITIES NEW YORK, NY (SEE EXHIBIT A) (IRA)					X									X	X				NA - IRA									P
SP	DIVERSIFIED INVESTMENT ADVISORS (IRA) ARCHASE, NY		X												X					NA - IRA									
	CONGRESSIONAL FEDERAL CREDIT UNION WASHINGTON, D.C.		X												X				X										
	DAUPHIN DEPOSIT BANK HARRISBURG, PA			X											X					X									
	MID PENN BANK MILLERSBURG, PA				X										X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEORGE W. GEKAS

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	HARRIS SAVINGS ASSOCIATION HARRISBURG, PA				X										X							X							P
	U.S. SAVINGS BONDS "EE"				X										X				X										
	INVESCO FUNDS GROUP, INC. DENVER, CO	X											X			X			X										
JT	PNC BANK CAMP HILL, PA		X												X				X										
	MERIDIAN BANK READING, PA	X													X				X										
SP	DAUPHIN DEPOSIT BANK HARRISBURG, PA		X												X				X										
SP	U.S. SAVINGS BONDS "E"		X												X					X									P
SP	124 BOAS STREET HARRISBURG, PA				X									X								X							
SP	INTEREST IN ESTATE OF LOUIS CHARAS (SEE EXHIBIT B)					X									NONE				X										P

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Name GEORGE W. GEKAS | Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	DAUPHIN DEPOSIT BANK	X			4.14.95	X									
SP	AIM EQUITY FUNDS, INC. CHARTER FUND (IRA) (A)	X			8.28.95	X									
SP	AIM EQUITY FUNDS, INC. CONSTELLATION FUND (IRA) (A)	X			8.28.95	X									
SP	CD - BERKELEY FED BANK AND TRUST (IRA) (A)	X			8-30-95	X									
SP	CD - LASALLE NATIONAL (IRA) (A)		X		8.28.95		X								
	HARRIS SAVINGS BANK - LIQUID ASSET	X			4.28.95			X							
SP	50% INTEREST: ESTATE OF LOUIS CHARAS	X			1.13.95			X							
SP	US SAVINGS BONDS - SERIES E (B)	X			VARIOUS	X									

NOTES:

(A) PART OF PRUDENTIAL SECURITIES - SEE EXHIBIT A

(B) SPOUSE ACQUIRED BY GIFT AND INHERITANCE 2,175 FACE VALUE US SAVINGS BONDS FROM DECEASED MOTHER: DISCLOSURE WAS OMITTED IN PRIOR YEARS BECAUSE THEIR EXISTANCE WAS UNKNOWN.

This page may be copied if more space is required.

Name GEORGE W. GEKAS | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	DAUPHIN NATIONAL BANK, Hbg., Pa.	BLANKET MORTGAGE ON 732 S. 25TH ST., Hbg., PA 713 S. 31ST ST., Hbg., PA 124 DOAS ST., Hbg., PA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

EXHIBIT A

Schedule III - Assets
Prudential Securities - Spouse - IRA

Assets related to the IRA account on December 31, 1995:

	Value
AIM Equity Funds Incorporated - Charter Fund	$50,001-$100,000
AIM Equity Funds Incorporated - Constellation Fund	$15,001-$50,000
Phoenix Balanced Fund	$15,001-$50,000
Prudential Multi Sector Fund: Class A	$15,001-$50,000
CD Berkeley Fed Bank and Trust	$ 1,001-$15,000
Cash	None-$1,000

EXHIBIT B

Schedule III - Assets
Interest in Estate of Louis Charas
Assets within the Estate

	Value
732 S. 25th Street, Harrisburg, PA - House	$50,001-$100,000
313 S. 31st Street, Harrisburg, PA - House	$50,001-$100,000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Richard A. Gephardt
(Full Name)

H-204 The Capitol
(Mailing Address)

202/225-0100
Daytime Telephone

Washington, DC 20515

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: MO District: 03	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Richard A. Gephardt

DATE (Month/Day/Year) May 15, 1996

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Northern Virginia Medical Association	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Richard A. Gephardt	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
None				

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Richard A. Gephardt

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	Block E: Transaction (P, S, E)
SP	Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	1/2 interest Lot 26 Corolla Light, Corolla, NC						X							X										X*					
																			*Gross receipts net receipts = loss (Category IV)										
	Partial distribution from estate ~~of Clare Mealer~~ (assets have been liquidated)												Estate distribution									X							

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Richard A. Gephardt

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	None														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	GE Capital Mortgage	Mortgage on Corolla Light property					X					
JT	Northwestern University	Student loans		X								
JT	First Tennessee Bank	Student loan		X								
JT/DC	Mercantile Bank	Car loan	X									
JT	General American Life Ins. Co.	Loan on life ins. policy		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AFL-CIO	2/16-2/21	Wash., D.C.-Miami-Wash.,D.C.	Y	Y	Y	3 Days
	American Jewish Committee	4/26-4/27	Wash.,D.C. - Los Angeles	Y	Y	N	No
	National Issues Foundation	5/4-5	Wash.,D.C.-Piney Pt.,MD-Wash., D.C.	Y	Y	N	No
	International Longshoreman's Union	7/17	NY-Orlando,FL-Wash., D.C.	N	N	N	No

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Name	Page 8 of 8
Richard A. Gephardt	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Institute Board	Public Policy School, Duke University (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(27)

96 MAY 15 PM 3:10
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
mc
(Office Use Only)

PRESTON (PETE) M. GEREN III
(Full Name)

2448 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON DC

Daytime Telephone: 202/225-5071

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/15/96

5/15/96

Name	Page 2 of 27
PRESTON (PETE) M. GEREN III	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 27
PRESTON (PETE) M. GEREN III	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
NONE				

This page may be copied if more space is required.

Name: PRESTON (PETE) M. GEREN III

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	Block B: Value of Asset										Block C: Type of Income					Block D: Amount of Income										Block E: Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	SEE PAGE 4 THRU 21																												

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name: PRESTON M. GEREN III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	SEE PAGES 22 THRU 25														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SEE PAGE 26											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name: PRESTON M. GEREN III

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Sportsmen's Foundation (conference)	Mar.4 -5 (one-way airfare)	Wash DC - W.Palm Beach FL	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SEE PAGE 27	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1996 22-642 (mac)

Use additional sheets if more space is required.

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	'86 CAMPAIGN/P.GEREN (NAME CHANGED FROM PETE GEREN FOR CONGRESS) - NOTES RECEIVABLE							F						GREATEST VALUE DURING THE CALENDAR YEAR						NONE												
	.031250 MI IN 5282.9 ACS IN ISAAC SUTTON SURV & PARTS OF VAR SURV INCL J HUGHES & W MURPHY SURV JACK CO TX, COCA COLA LSE #16734, ROYALTY INTEREST MINERAL ASSETS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		B											VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME				IV								
	1/3 INTEREST IN 4829 DEXTER, FORT WORTH, TEXAS, RENTAL PROPERTY			C												RENT (GROSS)							III									
	1100 TERRACE, FORT WORTH, TEXAS, RENTAL PROPERTY		B													RENT (GROSS)								IV								
	1200 WASHINGTON TERRACE, FORT WORTH, TX 76107 REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)							F												NONE												P
	1409 - 1411 FIFTH AVENUE, FORT WORTH, TEXAS, RENTAL PROPERTY			C												RENT (GROSS)									V							
	1413 - 1415 SEVENTH AVENUE, FORT WORTH, TEXAS, RENTAL PROPERTY			C												RENT (GROSS)									V							
	1421 - 1423 FIFTH AVENUE, FORT WORTH, TEXAS, RENTAL PROPERTY			C												RENT (GROSS)									V							
	1471 CHAPMAN CT., ALEDO, PARKER COUNTY, TEXAS, PLUS ADJOINING 30.76 ACRES, RENTAL PROPERTY					E										RENT (GROSS)									V							
	27% INTEREST IN 5000-5004 BIRCHMAN, FORT WORTH, RENTAL PROPERTY			C												RENT (GROSS)								IV								
	3224 GORDON, FORT WORTH, TEXAS, RENTAL PROPERTY			C												RENT (GROSS)									V							
	3918 MODLIN, FORT WORTH, TEXAS, RENTAL PROPERTY				D											RENT (GROSS)									V							

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	NONE	BLOCK D AMOUNT OF INCOME I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	A T & T CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND							II									P
	ABBOTT LABS COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND						I										P
	AFLAC INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND						I										P
	ALLIED-SIGNAL INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND							II									
	AMERICAN HOME PRODS CORP COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND								III								
	AMERICAN INTL GROUP INC COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E									DIVIDEND							II									
	APPLIED MATLS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											P
	ART AND ANTIQUE INVESTMENT					E														NONE											
	BAINBRIDGE TAX EXEMPT PORTFOLIO MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE															INTEREST									VI					S
	BAKER HUGHES INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											P
S	BANK ONE IRA, DALLAS, TEXAS (CERTIFICATES OF DEPOSIT)	NONE																		NONE											S
	BANK ONE, FORT WORTH, TEXAS, CHECKING ACCOUNT (NOT ON THE 1994 REPORT BECAUSE VALUED AT LESS THAN $1,000)			B																NONE											
	BAY NETWORKS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											P

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	BECTON DICKINSON & CO. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND							II									P
	BOWATER INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN						IV							P S
DC	BOWIE CITY, TEXAS, REGISTERED BOND ZERO COUPON MATURING 2/1/2000 BOND			B													INTEREST							IV							
	BROWN-LUPTON, OIL & GAS ROYALTY INTEREST, JACK COUNTY, TEXAS			B										VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME			II									
DC	BRYAN, TEXAS, GENERAL OBLIGATION ZERO COUPON MATURING 2/15/2003 BOND			B													INTEREST						II								
DC	BRYAN, TEXAS, REGISTERED BOND 6.0% MATURING 7/1/2006 BOND			B													INTEREST						II								
	CASTECH ALUMINUM STOCK				C																NONE										E
	CATERPILLAR INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN					III								S
	CBS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN							V						S
	CHICAGO ILL PUB BLDG COMM BLDG REV RFDG MBIA SER 05/13/1993 A DATED 04/01/1993 4.20% DUE 12/01/1997 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E											INTEREST							IV							
	CISCO SYS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											
	COCA COLA WAREHOUSE 12.500% INTEREST OWNED UNDIVIDED INTEREST IN 4920 NORTHWEST PKWY, FORT WORTH, TEXAS REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D										RENT (GROSS)										V						
	COCA-COLA, OIL & GAS ROYALTY INTEREST, JACK COUNTY, TEXAS				C									VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME						V						

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	COMPAQ COMPUTER CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											
	COMPUTER INPUT SERVICES STOCK			B																NONE											
	COMSAT CORP COM SER 1 COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B											DIVIDEND						II									
DC	COPPERAS COVE ISD MATURES 02/01/2007 BOND			B																NONE											P
	CORPUS CHRISTI TEX ISD 6.30% 08/15/2001 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E											INTEREST								V					
S	COUPON TREASURY RCPT-INT PMT ON 13.25% 2014-T/BD REG YIELD 7.187MTY DUE 11/15/2007 (SMITH BARNEY IRA)			B																NONE											P
	CSX CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND						II									
	D & W SPECIAL FUND - INTEREST IN BUSINESS & PARTNERSHIPS, c/o DUDLEY & COMPANY, NEW YORK, NY (RECEIVED 1,141 SHARES OF CASTECH ALUMINUM GROUP INC. STOCK AS FINAL DISTRIBUTION)	NONE												NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/95						NONE											E
DC	DALLAS CITY UTIL "O" MATURES 02/15/2013 BOND				C															NONE											
	DARDEN RESTAURANT INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE																CAPITAL GAIN						V						P S
DC	DICKINSON, TEXAS ISD 5.0% MATURING 08/15/2002 BOND				C															NONE											
	DISNEY WALT CO COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND			CAPITAL GAIN							VI					S
	DIXON 1-6, WORKING INTEREST, COCHRAN COUNTY, TEXAS			B										VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME				IV							

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET: NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME: DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME: NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	DOVER CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN							V						S
	EMERGING GROWTH FUND COLLECTIVE FUNDS EQUITY (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST						III								
	ENRON CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND							I									P
	ERICSSON L M TEL CO. ADR CL B SER 10 RTS COMMON STOCK FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE																CAPITAL GAIN					II								P S
	ERICSSON L M TEL CO. COMMON STOCK FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C																NONE										P
	ESTACADO PETROLEUM, INC STOCK			B																	NONE										P
S	ETR-SER 5-COUPON INT PMT ON 14.00% 2011-T/BD-REG YIELD 7.129MTY DUE 11/15/2004 (SMITH BARNEY IRA)			B																	NONE										P
	FEDERAL NATIONAL MORTGAGE ASSN COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E								DIVIDEND										IV						
DC	FIDELITY INVESTMENT GROWTH & INCOME PORTFOLIO MUTUAL FUND			B											DIVIDEND		INTEREST					I									
	FWC PARTNERS				C									NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/95					PARTNERSHIP DISTRIBUTION							IV						
	GANNETT INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND								II								P
	GENERAL ELEC CO COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E								DIVIDEND										IV						
	GENERAL MLS INC COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND									III							

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	GENERAL MTRS CORP CL E COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND							II									
	GOODYEAR TIRE & RUBBER COMPANY COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN						IV							S
DC	GRAND PRAIRIE "O" COUPON MATURES 02/15/2004 BOND				C															NONE											
DC	HARRIS COUNTY TOLL ROAD "O" MATURING 08/15/2009 BOND			B																NONE											P
	HAWAII STATE GO BONDS DTD 1/1/95 5.8% DUE 1/1/2005 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E											INTEREST						III								P
	HAWKINS, OIL & GAS ROYALTY INTEREST, WOOD COUNTY, TEXAS			B										VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME			II									
	HEALTHSOUTH REHAB CP STOCK			B																NONE											
	HEWLETT PACKARD CO. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND							II									
	HUB HILL #1, ROYALTY INTEREST, JACK COUNTY, TEXAS (PART OF THE BROWN-LUPTON ROYALTY INTEREST)	NONE																		NONE											
	IMPERIAL CHEM INDS PLC ADR NEW COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND							II									
	INTEL CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND			CAPITAL GAIN								VI					S
DC	IRVING, TEXAS, FLOOD CONTROL DISTRICT 3, ZERO COUPON MATURING 9/1/2005 STOCK				C															NONE											
	JESSIE PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 40% INTEREST IN PARTNERSHIP				C									NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/95					PARTNERSHIP DISTRIBUTION							VI					

U.S.HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995
SCHEDULE III - ASSETS AND "UNEARNED INCOME"

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	NONE	BLOCK D AMOUNT OF INCOME I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	JOHN HANCOCK GROWTH & INCOME FUND (FORMERLY KNOW AS TRANSAMERICA GROWTH & INCOME FUND/COMMERCE INCOME) STOCK		A												DIVIDEND						I										
	JOHNSON & JOHNSON COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E								DIVIDEND								III								
	JOHNSON CNTY KANS UNI SCH DIST DTD 11/15/1992 5.1% DUE 9/1/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST									V					
	KING & KNOHOMISH CNTYS WASHDTD 3/1/92 6% 12/01/2002 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST									V					
	LAGNIAPPE OIL PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 23.5% INTEREST IN PARTNERSHIP			B										NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/95					PARTNERSHIP DISTRIBUTION						VI						
	LAYDEN "A", OIL & GAS ROYALTY INTEREST, REEVES COUNTY, TEXAS		A											VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME		I										
	LGS GODLEY RANCH, GODLEY, TEXAS STOCK				C															NONE											
	LGS-GODLEY RANCH CO. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D													NONE											
	LOUISIANA PAC CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE																	NONE											S
	LOUISIANA STATE DTD 09/01/78 5.20% 09/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE															INTEREST	CAPITAL GAIN								VI					S
	MADDOG, INC. - 1/3 INTEREST IN RENTAL PROPERTY AT 1222 WSW LOOP 323, TYLER, TEXAS.		A													RENT (GROSS)					I										
	MADDOG, INC. - MAKER - NOTES RECEIVABLE							F						GREATEST VALUE DURING THE CALENDAR YEAR						NONE											

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	MANSFIELD JOINT VENTURE, 2 ACRES, TARRANT COUNTY, TEXAS, 7.89% IN PARTNERSHIP					D								NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/95					PARTNERSHIP DISTRIBUTION					V							
	MAPLE WELBORN JOINT VENTURE, 3700 MAPLE AVENUE, DALLAS, TEXAS, 12.50% IN PARTNERSHIP (SOLD IN 1995)	NONE																	PARTNERSHIP DISTRIBUTION							VI					S
	MATADOR PETROLEUM CORP. STOCK			B											DIVIDEND						I										
	MC LESTER, OIL & GAS ROYALTY INTEREST, REEVES COUNTY, TEXAS		A											VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME		I										
	MEDTRONIC INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND						I										P
	MGIC INVT CORP WIS COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND						I										P
	MICROSOFT CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											
	MOBIL CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND								III								
	MORTON INTL INC IND COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN						IV							S
	MOTOROLA INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND							II									
	MUNICIPAL BOND FUND COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST								V						
	NATIONS INTERNATIONAL EQUITY FD TRUST A SHARES MUTUAL FUNDS EQUITY (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND							II									
	NATIONS TAX-EXEMPT FUND MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E													NONE											P

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	NORTH TEX MUN WTR DIST TEX WTRWKS REV DTD 06/01/81 10.00% 09/01/1995 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE															INTEREST							IV	V							S
	NORTH TEXAS BANCSHARES STOCK	NONE																CAPITAL GAIN										VII				S
	NORWEST CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE												P
	NUCOR CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND					NONE												S
	ORACLE SYSTEMS CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D														NONE												
	OREGON ST VET WELFARE LX!!! N/C DTD 07/01/80 7.50% DUE 01/01/97 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D											INTEREST							IV								
	ORLANDO FLA UTILS DTD 12/01/1992 5% DUE 10/01/1999 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST							IV	V							
	OVERTON BANCSHARES, INC. STOCK									M					DIVIDEND										V							P
	OVERTON BANK & TRUST MONEY MARKET ACCOUNT			B													INTEREST						III									
S	OVERTON BANK & TRUST SAVINGS ACCOUNT			B													INTEREST				I											
				B													INTEREST				I											
DC				B													INTEREST				I											
	OWENSBORO KY ELEC LT & PWR RV DT 08/01/78 6.30% 01/01/1995 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE															INTEREST	CAPITAL GAIN							V							S
	PAINE WEBBER GROUP INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN							V							S

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	NONE	BLOCK D AMOUNT OF INCOME I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	PAINE WEBBER RMA MONEY MARKET PORTFOLIO (MOVED FROM PRUDENTIAL SECURITIES) STOCK			B											DIVIDEND						I										P
	PERSONAL REAL ESTATE FUND COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											
	PFIZER INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND						I										P
DC	PHILADELPHIA, PA, MUNI AUTHORITY BUILDING LEASE RENTAL, ZERO COUPON MATURING 3/15/2008 BOND				C															NONE											
	PHILIP MORRIS COS INC COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN							VI						S
	PORT SEATTLE WASH REV DATED 02/01/1993 4.6% DUE 11/01/1998 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE															INTEREST			NONE											S
	PROCTER & GAMBLE CO. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C										DIVIDEND							II									P
	PRUDENTIAL COMMAND MONEY FUND (MOVED TO PAINE WEBBER RMA MONEY MARKET PORTFOLIO) STOCK	NONE													DIVIDEND						I										S
	PRUDENTIAL IRA (PRUDENTIAL MONEYMART ASSETS)	NONE																		NONE											S
	PRUDENTIAL IRA (PRUDENTIAL UTILITY FUND CLASS A)				C															NONE											
	RAMON DELGADO - NOTES RECEIVABLE				C									GREATEST VALUE DURING THE CALENDAR YEAR			INTEREST							IV							
	ROSS, OIL & GAS ROYALTY INTEREST, UPTON COUNTY, TEXAS			B										VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME			II									
	S.E.BUCKSHOT #1 PROSPECT (FROST), WORKING INTEREST IN COCHRAN, TEXAS, 3% INTEREST			B										VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME					IV							

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	SAFEWAY COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											P
	SARASOTA CNTY FLA DTD 9/1/90 6.90% 7/1/98 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E											INTEREST								V						
	SCHERING PLOUGH CORP COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND			CAPITAL GAIN							VI						S
	SELF-SECURED MINI STORAGE - GARLAND, TEXAS, 14.53% INTEREST IN PARTNERSHIP OF WAREHOUSES					D								NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/95		RENT (GROSS)				NONE											
	SEWELL "40" #1, OIL & GAS INTEREST, JACK COUNTY, TEXAS		A																	NONE											
	SILICON GRAPHICS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B																NONE											P
	SITE 1R BK 2 GREAT SW IND PARK G.S.C. MARK IV, FORT WORTH, TARRANT COUNTY, TEXAS, 12.50% AT 2501 GREAT SW PARKWAY 2.063 ACS REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C											RENT (GROSS)									V						
S	SMITH BARNEY MONEY FUNDS INC RETIREMENT PORTFOLIO (SMITH BARNEY IRA)		A																	NONE											P
	SOUTHWEST AIRLS CO. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND						I										
	STEVEN KIRCHMEIER - NOTES RECEIVABLE				C									GREATEST VALUE DURING THE CALENDAR YEAR			INTEREST						III								
S	STRIPS-TINT-U S TREASURY DUE 02/15/2011 YIELD 7.304MTY (SMITH BARNEY IRA)			B																NONE											P
	SUN MICROSYSTEM INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											P
	SUPERIOR, OIL & GAS ROYALTY INTEREST, MARTIN COUNTY, TEXAS		A											VALUED AT THREE (3) TIMES THE 1995 INCOME					OIL & GAS INCOME		I										

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	SYBASE INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE																		NONE											S
	TANDY CORP. STOCK			B											DIVIDEND						I										
DC	TARRANT COUNTY HOUSING "O" MATURING 03/15/1997 BOND			B																NONE											P
DC	TARRANT COUNTY, TEXAS, HFC SFM REVENUE-A MBIA-RYAN MORTGAGE CO.-C/I 9.625% REGD-DATED 4/1/1985 KORD CALL MATURES 3/15/1997 BOND	NONE															INTEREST							IV							S
	TELEFONOS DE CHILE SPONSORED ADR COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE													DIVIDEND			CAPITAL GAIN						IV							S
	TEMPLE TEXAS INDEPENDENT SCHOOL DISTRICT RFDG DATED 08/01/1993 4.6% DUE 02/01/2001 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E											INTEREST							IV							
	TEXAS MUNICIPAL BOND FUND COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)							G									INTEREST									VI					
DC	TEXAS MUNICIPAL POWER AGENCY REVENUE, SERIES 20, ZERO COUPON MATURING 9/1/1995 BOND	NONE																		NONE											S
DC	TEXAS MUNICIPAL POWER REVENUE 07 MATURES 09/10/2007 BOND			B																NONE											P
	TEXAS ST DTD 6/1/90 6.60% 10/1/97 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E											INTEREST								V						
	TEXAS UTILITIES CO. STOCK			B											DIVIDEND						I										
	THERMO ECOTEK CORPORATION-RT COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE																CAPITAL GAIN													P S
	THERMO ELECTRON CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C															NONE											

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	BLOCK B VALUE OF ASSET: NONE	A	B	C	D	E	F	G	H	I	J	K	EXPLANATION OF ALTERNATIVE VALUATION	BLOCK C TYPE OF INCOME: DIVIDEND	RENT	INTEREST	CAPITAL GAIN	OTHER INCOME	BLOCK D AMOUNT OF INCOME: NONE	I	II	III	IV	V	VI	VII	VIII	IX	X	BLOCK E TRANSACTION
	TRINITY RIVER AUTHORITY TEXAS TEN MILE CREEK SYS REV DATED 12/01/1992 5.25% DUE 08/01/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST									V						
DC	U.S.TREASURY 5.5% MATURES 04/30/1996		A														INTEREST						I									
	UNUM CORP COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B											DIVIDEND						I										P
	VIRGINIA BEACH VA RFDG DATED 04/15/1993 3.70% DUE 07/15/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST								IV							
	WAL MART STORES INC COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D									DIVIDEND							II									
	WASHINGTON SUBW SAWIT DIST MD DATED 11/01/1993 4.5% DUE 06/01/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST									V						
	WISCONSIN ST VET MTG REV DTD 05/01/80 8.75% 07/01/1994 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST									V						P
	YSLETA TX ISD DTD 11/01/1992 5.1% DUE 8/15/1999 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E										INTEREST									V						

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE MO/DAY/YR	A	B	C	D	E	F	G	H
	1200 WASHINGTON TERRACE, FORT WORTH, TX 76107 REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			09/05/95					F			
	A T & T CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			09/18/95			C					
	ABBOTT LABS COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			09/18/95			C					
	AFLAC INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			10/24/95			C					
	APPLIED MATLS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/31/95			C					
	BAINBRIDGE TAX EXEMPT PORTFOLIO (MONEY MARKET FUNDS MOVED TO NATIONS TAX-EXEMPT FUND) MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		12/29/95					E			
	BAKER HUGHES INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			12/27/95			C					
S	BANK ONE IRA, DALLAS, TEXAS (CERTIFICATES OF DEPOSIT)		S		03/29/95			C					
	BAY NETWORKS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/31/95			C					
	BECTON DICKINSON & CO. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/28/95			C					
	BOWATER INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/09/95			C					
	BOWATER INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		10/24/95			C					
	CASTECH ALUMINUM 1141 SHARES (RECEIVED FROM D&W SPECIAL FUND AS FINAL DISTRIBUTION OF PARTNERSHIP) STOCK			E	05/01/95			C					
	CATERPILLAR INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		12/27/95			C					
	CBS INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		03/30/95			C					
DC	COPPERAS COVE ISD MATURES 02/01/2007 BOND	P			08/29/95		B						
	COUPON TREASURY RCPT-INT PMT ON 13.25% 2014-T/BD-REG YIELD 7.187MTY DUE 11/15/2007 (SMITH BARNEY IRA) $	P			05/04/95		B						
	D & W SPECIAL FUND - INTEREST IN BUSINESSES & PARTNERSHIPS, C/O DUDLEY & COMPANY, NEW YORK, NY (SEE CASTECH ALUMINUM)			E	05/01/95			C					
	DARDEN RESTAURANT INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/30/95		B						

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE MO/DAY/YR	A	B	C	D	E	F	G	H
	DARDEN RESTAURANT INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/18/95		B						
	DISNEY WALT CO COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		03/30/95			C					
	DOVER CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		06/12/95			C					
	ENRON CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			09/18/95			C					
	ERICSSON L M TEL CO. ADR CL B SER 10 RTS COMMON STOCK FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		10/16/95	A							
	ERICSSON L M TEL CO. ADR CL B SER 10 RTS COMMON STOCK FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			10/04/95	A							
	ERICSSON L M TEL CO. COMMON STOCK FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			08/01/95			C					
	ESTACADO PETROLEUM, INC. STOCK	P			12/20/95		B						
S	ETR-SER 5-COUPON INT PMT ON 14.00% 2001-T/BD-REG YIELD 7.129MTY DUE 11/15/2004 (SMITH BARNEY IRA)	P			05/04/95		B						
	GANNETT INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			03/31/95			C					
	GOODYEAR TIRE & RUBBER COMPANY COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/18/95			C					
DC	HARRIS COUNTY TOLL "O" MATURING 08/01/2008	P			10/25/95		B						
	HAWAII STATE GO BONDS DTD 1/1/95 5.8% DUE 1/1/2005 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			01/31.95				D				
	INTEL CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/18/95	A							
	LOUISIANA PAC CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		01/05/95			C					
	LOUISIANA STATE DTD 09/01/78 5.20% 09/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/10/95			C					
	MAPLE WELBORN JOINT VENTURE, 3700 VENTURE AVENUE, DALLAS, TEXAS, 12.50% IN PARTNERSHIP		S		05/17/95			C					
	MEDTRONIC INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			07/31/95			C					
	MGIC INVT CORP WIS COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/12/95			C					

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE MO/DAY/YR	A	B	C	D	E	F	G	H
	MORTON INTL INC IND COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/18/95			C					
	NATIONS TAX-EXEMPT FUND (MOVED FROM BAINBRIDGE TAX EXEMPT PORTFOLIO) MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			12/29/95					E			
	NORTH TEX MUN WTR DIST TEX WTRWKS REV DTD 06/01/81 10.00% 09/01/95 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/01/95			C					
	NORTH TEXAS BANCSHARES, INC. STOCK		S		01/11/95				D				
	NORWEST CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			12/27/95			C					
	NUCOR CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		03/31/95		B						
	OVERTON BANCSHARES, INC. STOCK	P			06/09/95				D				
	OWENSBORO KY ELEC LT & PWR RV DT 08/01/78 6.30% DUE 01/01/1995 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		01/03/95			C					
	PAINE WEBBER GROUP INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		03/08/95			C					
	PAINE WEBBER RMA MONEY FUND PORTFOLIO (MOVED FROM PRUDENTIAL SECURITIES COMMAND MONEY FUND) STOCK	P			03/05/95		B						
	PFIZER INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P					B						
	PHILIP MORRIS COS INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		02/28/95			C					
	PORT SEATTLE WASH REV DATED 02/01/1993 4.6% DUE 11/01/1998 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		01/06/95				D				
	PROCTER & GAMBLE CO. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			09/15/95			C					
	PRUDENTIAL COMMAND MONEY FUND (MOVED TO PAINE WEBBER RMA MONEY FUND PORTFOLIO) STOCK		S		03/05/95		B						
	PRUDENTIAL IRA (PRUDENTIAL MONEYMART ASSETS) STOCK		S		03/05/95		B						
	SAFEWAY COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			10/10/95			C					

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE MO/DAY/YR	A	B	C	D	E	F	G	H
	SCHERING PLOUGH CORP COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/12/95			C					
	SILICON GRAPHICS INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			07/31/95		B						
S	SMITH BARNEY MONEY FUNDS INC RETIREMENT PORTFOLIO CLASS A (SMITH BARNEY IRA)	P			12/31/95	A							
S	STRIPS-TINT-U S TREASURY DUE 02/15/2011 (SMITH BARNEY IRA)	P			04/28/95		B						
	SUN MICROSYSTEM INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/12/95			C					
	SYBASE INC. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/18/95		B						
DC	TARRANT COUNTY HOUSING "O" MATURING 03/15/1997	P			10/05/95		B						
DC	TARRANT COUNTY, TEXAS, HFC SMF REVENUE-A MBIA-RYAN MORTGAGE CO.-C/I 9.625% REGD-DATED 4/1/85 MATURES 3/15/1997		S		10/03/95		B						
	TELEFONOS DE CHILE SPONSORED ADR COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		05/19/95			C					
DC	TEXAS MUNICIPAL POWER AGENCY,SERIES 20,0 COUPON MATURING 09/01/1995		S		09/27/95		B						
DC	TEXAS MUNICIPAL POWER REVENUE 07 MATURES 09/10/2007 BOND	P			09/27/95		B						
	THERMO ECOTEK CORPORATION-RT COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		02/19/95	A							
	THERMO ECOTEK CORPORATION-RT COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			02/02/95	A							
	UNUM CORP. COMMON STOCK DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			09/18/95		B						
	WISCONSIN ST VET MTG REV DTD 05/01/80 8.75% 07/01/1994 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			01/30/95				E				

U.S.HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995
SCHEDULE V - LIABILITIES

S,DC,JT	CREDITOR	TYPE OF LIABILITY	A	B	C	D	E	F	G	H	I	J	K
	BANK ONE, N.A., FORT WORTH, TEXAS	MORTGAGE ON 5000 - 5004 BIRCHMAN, FORT WORTH			C								
	DR. WAI HONG YIP, SAN FRANCISCO, CALIFORNIA	MORTGAGE ON 3224 GORDON, FORT WORTH, TEXAS	A										
	IRA BUTLER, JR. TRUSTEE, FORT WORTH	MORTGAGE ON 3918 MODLIN, FORT WORTH, TEXAS	A										
	LOUISE RUSSELL, SHREVEPORT, LOUISIANA	MORTGAGE ON 1100 TERRACE, FORT WORTH, TEXAS	A										
	NATIONAL MORTGAGE CORPORATION DENVER, COLORADO	MORTGAGE ON 1471 CHAPMAN COURT, ALEDO, TEXAS (FORMERLY KNOWN AS RT. 1 BOX 338)			C								
	NATIONSBANC MORTGAGE CORPORATION, DALLAS, TEXAS	MORTGAGES ON 1409/1411 FIFTH AVENUE, 1421/1423 FIFTH AVENUE, AND 1413/1415 SEVENTH AVENUE, FORT WORTH, TEXAS				E							
	OVERTON BANK & TRUST, FORT WORTH, TEXAS	BUSINESS LOAN			C								
	PETER SCHWARTZ, JOHN'S ISLAND, SOUTH CAROLINA	MORTGAGE ON 30.76 ACRES ADJOINING 1471 CHAPMAN CT., ALEDO, TEXAS	A										

POSITIONS	NAME OF ORGANIZATION
MANAGING PARTNER	4829 DEXTER JOINT VENTURE
PARTNER	D & W SPECIAL FUND
MANAGING PARTNER	ESTACADO EXPLORATION 1982-1, LTD.
VICE-PRESIDENT, SECRETARY & DIRECTOR	ESTACADO PETROLEUM, INC.
PARTNER	FWC PARTNERS
MANAGING PARTNER	JESSIE PARTNERS
MANAGING PARTNER	LAGNIAPPE OIL PARTNERS
VICE-PRESIDENT/TREASURER	LGS-GODLEY RANCH CO., INC.
PRESIDENT/VICE-PRESIDENT/SECRETARY/TREASURER	MADDOG, INC.
PARTNER	MANSFIELD JOINT VENTURE
PARTNER	MAPLE-WELBORN JOINT VENTURE
JOINT INTEREST OWNER	MEADOWMERE JOINT VENTURE (5000-5004 BIRCHMAN, FORT WORTH, TEXAS)
PARTNER	SELF-SECURED MINI-STORAGE, GARLAND
BOARD OF VISITORS	UNIVERSITY OF TEXAS LAW SCHOOL
MANAGING PARTNER	WILBUR PARTNERS

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

Sam M. Gibbons
(Full Name)

2204 Rayburn House Office Building
(Mailing Address)

202/225-3376
Daytime Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State ____ Distinct ____	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (See 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Sam M. Gibbons

DATE (Month/Day/Year) 4 30 96

Name	Sam M. Gibbons	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Florida	Legislative Pension	$2,293

For payments to charity in lieu of honoraria, use Schedule II.

Name	Sam M. Gibbons	Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Composite Can and Tube Institute, Washington, D. C.	Speech	Nov. 8, 1995	$1,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Sam M. Gibbons

Page 4 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Home-2300 N. Gulf Blvd., Unit 2A Belleair Beach, FL					X								X									X						
JT	Stock-Stewart Title, Tampa, FL		X										X							X									

For additional assets and unearned income, use next page.

Name	Sam M. Gibbons	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Receive small pension (reported under Earned Income) from the State of Florida because of my ten years in the Florida State Legislature (1952-1962).	

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Wayne T. Gilchrest
(Full Name)

13501 Turners Creek Road, Kennedyville, Md., 21645 — 410-348-2018
(Mailing Address) — Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Maryland District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Wayne T. Gilchrest

DATE (Month/Day/Year): May, 6 1996

1395

Name Wayne T. Gilchrest

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
JT	Congressional Fed. Credit Union		X												X				X										
SP	Peoples Bank of Kent County		X												X				X										
JT	Peoples Bank of Kent County		X												X				X										
JY	Certificates of Deposit		X												X				X										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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Paul E. Gillmor
(Full Name)

7750 N. Co. Rd. 51
(Mailing Address)

Old Fort, Ohio 44861

Daytime Telephone: 202-225-6405

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 5	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

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SIGNATURE OF REPORTING INDIVIDUAL Paul E. Gillmor

DATE (Month/Day/Year) May 8, 1996

Name	Page 1 of 9
Paul E. Gillmor	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

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	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Ohio Senate	Spouse Salary	N/A
	Public Employees Retirement System of Ohio	Pension	$36,733

For payments to charity in lieu of honoraria, use Schedule II.

Name Paul E. Gillmor | Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	National Cable Television Association	Speech	May 7, 1995	$1,500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Paul E. Gillmor

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X								X							X									P
	123 Main St., Dover, Del.							X						X											X				
	1st Bank of Paducah, KY accounts					X									X							X							
	Cooker Restaurants					X							X							X									S
	America West			X															X										P
	Matlack, Inc.			X															X										
	Progressive Corp.			X									X						X										
	Rollins Truck Leasing						X						X									X							
	Max & Erma's Restaurants			X															X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Gillmor

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
	Rollins Environmental Services				X														X										
	Industrial Bancorp		X										X						X										P
	Price New Horizon Fund			X									X									X							P,S
	Dealers Alliance - debenture				X										X								X						
	Dealers Alliance - stock					X							X								X								
	Gillmor Financial Services								X				X									X							
	Paul M. Gillmor Co.						X						X									X							
	Thermocolor Corp			X											X					X									
	Bayshore Leasing			X															X										
	Gillmor Family Partnership			X															X										P
	Solar Cells		X																X										
	Old Fort Bank - savings		X												X					X									
	Old Fort Bank - IRA			X											X						X								
	Congressional Fed. Credit Union		X												X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Gillmor

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST / QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Part interest: 148 Wilbur Columbus, Ohio			X										X						X								
	Part interest: 225 W. Third St Columbus, Ohio			X										X							X							
	Thermocolor - Promissory note		X												X				X									
SP	Old Fort Bank - IRA			X											X					X								
SP	Dealers Alliance - debenture		X												X				X									
SP	American General Corp		X										X						X									
SP	Northwest Natural Gas		X										X						X									
SP	Southwest Natural Gas		X										X					X										
SP	Price Prime Reserve Fund		X												X				X									
SP	Ohio Public Employees Deferred Compensation Program			X											X					X								
SP	Star Bank - savings		X												X				X									

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SCHEDULE IV — TRANSACTIONS

Name Paul E. Gillmor

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
	America West	X			3-13-95		X								
	Industrial Bancorp	X			8-1-95	X									
	Price New Horizons Fund	X			12-27-95	X									
	Gillmor Family Partnership	X			1-30-95	X									
	Rollins Truck Leasing		X		1-17-95	X									
	Cooker Restaurants		X		3-29-95	X									
	Price New Horizons Fund		X		7-17-95		X								
	Price New Horizons Fund		X		9-25-95		X								

This page may be copied if more space is required.

Name Paul E. Gillmor | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Perpetual Federal, Urbana, Ohio	Mortgage on 225 W. Third St., Columbus, Ohio	X									
	Perpetual Federal, Urbana, Ohio	Mortgage on 148 Wilbur Columbus, Ohio	X									
	Charles Schwab & Co.	Margin Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Cable Televison Association	May 6-8	Columbus, O - Dallas, Texas - Columbus, Ohio	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Dealers Alliance Corp
Director	Old Fort Banking Co
Director	Gillmor Financial Services
Director	Paul M. Gillmor Co.
Director	Thermocolor Corp

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1996 22-642 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
96 MAY 14 PM 5:29
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U.S. HOUSE OF REPRESENTATIVES
(7)

HAND DELIVERED
(Office Use Only)

Benjamin A. Gilman
(Full Name)

2449 Raybum Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202 225 3776

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District: 20	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/13/96

1407

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State	Pension	10,518

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II – PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
21st Century Speakers, Inc., 2 East 37th Street, Suite 200, New York, NY 10016	Participation in American Leadership Conference in commemoration of the 50th Anniversary of the United Nations	10/17/95	$ 2,000

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Warwick Savings Bank, Chrystal Run Galleria, Middletown, NY	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
M&T Bank, Dolson Avenue, Middletown, NY	$1,001 - $15,000	Interest	$1 - $200	NA
First Federal Savings Bank, 22 James Street, Middletown, NY	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
Congressional Federal Credit Union, US House of Reps. Washington, DC	$100,001 - $250,000	Interest	$5,001 - $15,000	NA
16 Orchard Street, Middletown NY HALF COMMERCIAL/HALF RESIDENTIAL	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
Congressioanl Federal Credit Union, US House of Reps. IRA ACCOUNT	$15,001 - $50,000	Distribution	$201 - $1,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	NW Mutual, 7210 W. Wisconsin Avenue, Milwaukee, Wisconsin	$1,001 - $15,000	annuity	$2,501 - $5,000	NA
	Middletown SAvings Bank, South Street, Middletown, NY	$15,001 - $50,000	interest	$1,001 - $2,500	NA

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Cuban American National Foundation, 1000 Thomas Jefferson Street NW, #505, Washington, DC 20007	5/19-20/95	New York to Miami & Return to New York	Y	Y	Y	N/A
American Israel Public Affairs Committee, 6310 San Vicente Blvd., Suite 240, Los Angeles, CA 90048	4/9-10/95	New York to Arizona & Return to New York	Y	Y	N	N/A
United Jewish Appeal, 700 W. Hillsboro Bldg. 2, Suite 1001, Deerfield Beach, Florida 33441	1/6-9/95	New York to West Palm Beach, Florida & Return to New York	Y	Y	N	N/A
Jewish War Veterans of USA, 1811 R Street, NW, Washington, DC 20009	8/24-25/95	New York to Charleston, SC & return to New York	Y	Y	N	N/A
Albanian American Civic League, PO Box 97, Rye, NY 10580	9/1-2/95	Athens, Greece via Rome to Tirana, Albania & return to Rome [Flight from US to Athens was at Government Expense to attend official business]	Y	Y	Y	N/A

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Advisory Board Member	National Service League
Member, Board of Directors	World Hunger Year
Member, Advisory Council	Lamont-Dougherty Geological Observatory

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

Form A
For use by Members, officers, and employees

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(Office Use Only)

Newton L. Gingrich
(Full Name)

H-232, The Capitol
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-6398

Filer Status					
	X	Member of the U S House of Representatives	State GA District: 06	☐	Officer or Employee — Employing Office.

Report Type					
	X	Annual (May 15)	☐	Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, 104).

SIGNATURE OF REPORTING INDIVIDUAL: Newt Gingrich

DATE (Month/Day/Year): May 15, 1996

1414

Name Newton L. Gingrich | Page 1 of 11

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cosmetic Sales/Beauty Control Inc.	Spouse Gross Receipts or Sales	N/A
	Consulting/Israeli Export Development Company	Spouse Contractural Agreement	N/A
	Baen Publishing	Royalty	$8000 00*
	Writer's Representative, Inc.	Net Earned Income	$471,348*
		Publication Expenses	($752,891)
		Royalty	$1,224,239
		*Exempt from Earned Income Cap	
		PUBLICATION EXPENSES	
		Agency Commission	$612,119
		Writer's Fee	$120,000
		Fact-checker Fee	$4,262
		Book Tour	$16,510
		TOTAL	$752,891

For payments to charity in lieu of honoraria, use Schedule II.

Name Newton L. Gingrich | Page 2 of 11

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
	XYZ Magazine	Article	Aug. 13, 1994	$500
	Association of American Medical Colleges	Speech	10/31/95	$ 2,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	SouthTrust Bank (Checking)	$50,001 - $100,000	Interest	$201 - $1,000	
SP	Nationsbank (IRA)	$1,001 - $15,000	Interest	$201 - $1,000	
	Carrollton Federal Bank (IRA)	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Merrill Lynch & Co. (SEP)	$1,001 - $15,000	Dividends	$1 - $200	
SP	Merrill Lynch & Co. Ready Assets	$1 - $1,000	Interest	$1,001 - $2,500	
SP	Nationsbank (Checking)	$1 - $1,000	Interest	$201 - $1,000	
JT	Merrill Lynch & Co. (SEP)	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	National Vision Associates, Ltd	$1,001 - $15,000	Dividends	$1 - $200	
	Nationsbank (IRA)	$15,001 - $50,000	Interest	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	SouthTrust Bank	$100,001 - $250,000	Interest	$1,001 - $2,500	
SP	SouthTrust Bank	$1,001 - $15,000	Interest	$1 - $200	
SP	MSIF Municipal Money Market	$100,001 - $250,000	Interest	$201 - $1,000	P
SP	US Treasury Notes	$1,001 - $15,000	Interest	$201 - $1,000	
	Wright Patman Federal Credit Union	$15,001 - $50,000	Dividends	$1 - $200	
	Wright Patman Federal Credit Union	$1,001 - $15,000	Dividends	$1 - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,J	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
SP	MSIF Municipal Money Market	Purchase	11/2/95	$100,001 - $250,000

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Friends of Newt Gingrich and New York Bond Club	3/23/95	DC - New York, NY - DC	N	Y	N	None
Friends of Newt Gingrich	5/12-5/14/95	DC - Savannah, GA	Y	Y	Y	None
NRCC	5/14-5/15/95	Savannah, GA - New York, NY - DC	Y	Y	N	None
Friends of Newt Gingrich	6/3/95	Atlanta, GA - Miami, FL	N	Y	N	None
Bass Victory 96 Committee, Longley for Congress, and Zeliff for Congress	6/9-6/11/95	Atlanta, GA -Newington, NH - Dover, NH - Manchester, NH - Nashua, NH - Keene, NH - Oxford, NH - Portland, ME - Nashua, NH - Manchester, NH - Goffstown, NH - Jackson, NH - Conway, NH - Jackson, NH - Manchester, NH - Clairmont, NH - DC	Y	Y	Y	None
Committee to Re-elect Bartlett to Congress	6/15/95	DC - Hagerstown, MD - DC	N	Y	N	None
NRCC	6/21/95	DC - New York, NY - DC	N	Y	N	None
RNC	7/13-7/14/95	DC - Philadelphia, PA - Atlanta, GA	Y	Y	N	None
Friends of Newt Gingrich	7/20-7/23/95	DC - Santa Barbara, CA - Santa Monica, CA	Y	Y	N	None

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
		- Santa Rosa, CA - San Francisco, CA - Sacramento, CA				
People for Ganske	7/23-7/24/95	Sacramento, CA - Des Moines, IA	Y	Y	N	None
Nussle for Congress Committee	7/24/95	Des Moines, IA - Waterloo, IA	N	Y	N	None
Indiana GOP	7/24/95	Waterloo, IA - Indianapolis, IA - DC	N	Y	N	None
Coalition for Our Children's Future	7/27-7/28/95	DC - New York, NY - DC	Y	Y	N	None
Regula for Congress and NRCC	7/28-8/1/95	DC - Canton, OH - Cleveland, OH - DC	Y	Y	Y	Yes, two days
Nathan Deal for Congress	8/25/95	Atlanta, GA - Dalton, GA	N	Y	N	None
Charlie Norwood for Congress Committee	8/25/95	Dalton, GA - Athens, GA - Atlanta, GA	N	Y	N	None
Fordice for Governor	9/16-9/17/95	Montgomery, AL - Jacskson, MS - Gulfport, MS	Y	Y	N	None
NRCC	9/18/95	Destin, FL - Chicago, IL	N	Y	N	None
Michigan Republican Party	9/23-9/25/95	Atlanta, GA - Mackinaw Island, MI - Cinncinati, OH - DC	Y	Y	Y	None
Ohio GOP	10/5/95	Boca Raton, FL - Columbus, OH - New York, NY	N	Y	N	None
Friends of Newt Gingrich	10/5-10/8/95	New York, NY - Kent, CT - DC	Y	Y	Y	Yes, two days

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
New Jersey Republican Party	10/12/95	DC - Trenton, NJ - Princeton, NJ - Dulles Airport, VA	N	Y	N	None
Virginia State Party	10/12/95	Dulles Airport, VA - Middleburg, VA - DC	N	Y	N	None
Arizonia State Republican Party and Committee to Re-elect JD Hayworth	10/19/95	DC - Phoenix, AZ	N	Y	N	None
John Doolittle for Congress	10/19-10/20/95	Phoenix, AZ - Sacremento, CA	Y	Y	N	None
RNC	10/20/95	Sacremento, CA - San Jose, CA - Los Angeles, CA	N	Y	N	None
Coalition for Our Children's Future	10/20/95	San Jose, CA - Los Angeles, CA	N	Y	N	None
Friends of Cunningham	10/20/95	Los Angeles, CA - San Diego, CA	N	Y	N	None
Jay Kim for Congress	10/20-10/21/95	San Diego, CA - Santa Ana, CA	Y	Y	N	None
Friends of Andrea Seastrand for Congress	10/21/95	Santa Ana, CA - Santa Maria, CA	N	Y	N	None
Largent for Congress	10/22/95	Las Vegas, NV - Tulsa, OK	N	Y	N	None
Tiahart for Congress	10/22-10/23/95	Tulsa, OK - Wichita, KS	Y	Y	N	None
The Jon Christensen for Congress Committee	10/23/95	Wichita, KS - Omaha, NB - DC	N	Y	N	None
Bass Victory '96 Committee	11/20-11/21/95	DC - Manchester, NH - Atlanta, GA	Y	Y	N	Yes, half day
Taylor for Congress	12/9/95	DC - Asheville, NC - DC	N	Y	Y	None
NRCC	12/11/95	DC - Newark, NJ - DC	N	Y	N	None

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Billey for Congress	12/18/95	DC - Richmond, VA - DC	N	Y	N	None
Goldwater Institute	4/20-4/23/95	Atlanta, GA - Pheonix, AZ - Oklahoma City, OK - Atlanta, GA	Y	Y	N	None
Congressional Institue	5/3-5/5/95	DC - Leesburg, VA - DC	Y	Y	Y	None
Intrepid Museum Foundation	5/25-5/26/95	DC - New York, NY - West Palm, FL	Y	Y	N	None
Harper Collins	6/3-6/5/95	Miami, FL - Chicago, IL - Atlanta, GA	Y	Y	N	None
Amway	6/13/95	DC - Traverse City, MI - Acme, MI - Traverse City, MI - Grand Rapids, MI - DC	N	Y	N	None
Circuit City	6/19/95	Atlanta, GA - DC	N	N	N	None
United States Junior Chamber of Commerce (National Jaycees)	6/22/95	DC - St. Louis, MO - Atlanta, GA	N	Y	N	None
Georgia Public Policy Foundation	7/3/95	Atlanta, GA - Augusta, GA - Valdosta, GA - Columbus, GA - Atlanta, GA	N	Y	N	None
New York Economic Club	9/5-9/6/95	DC - New York, NY - DC	Y	Y	N	None
Cracker Barrell	9/17-9/18/95	Gulfport, MS - Destin, FL	Y	Y	N	None
CBS	9/18-9/19/95	Chicago, IL - New York, NY - DC	Y	Y	N	None
Western States Conference	10/21-10/22/95	Santa Maria, CA - Las Vegas, NV	N	Y	N	Yes, one night

SCHEDULE VII -- FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Chicago Economic Club	12/14/95	DC - Chicago, IL - DC	N	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Professor (uncompensated)	Reinhardt College
General Chairman (resigned 5/1/95)(uncompensated)	GOPAC
Honorary Co-Chairman (uncompensated)	Earning by Learning

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

HENRY B. GONZALEZ & BERTHA G. GONZALEZ
(Full Name)

2413 Rayburn House Office Building — 202 225-3236
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas District: 20th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) NOT APPLICABLE	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Henry B. Gonzalez — **DATE (Month/Day/Year)** April 18, 1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Henry B. Gonzalez

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
SP	Jefferson State Bank		X																										
	San Antonio, TX 78201																												
JT	CaminoReal Bank N.A.			X																									
	San Antonio, TX 78220																												
	Wright Patman Credit Union					X																							

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

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MC (Office Use Only)

ROBERT W. GOODLATTE
(Full Name)

3725 DOGWOOD LANE S.W.
(Mailing Address)

(202)225-5431
Daytime Telephone

ROANOKE, VIRGINIA 24015

Filer Status	[X] Member of the U S House of Representatives — State: VA District: 6	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Robert W. Goodlatte

DATE (Month/Day/Year) May 13, 1996

Name Goodlatte, Robert W.	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Glenn, Flippin, Feldmann & Darby, P.C., Roanoke, Virginia	spouse salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Goodlatte, Robert W.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A) None – $1,000	(B) $1,001 – $15,000	(C) $15,001 – $50,000	(D) $50,001 – $100,000	(E) $100,001 – $250,000	(F) $250,001 – $500,000	(G) $500,001 – $1,000,000	(H) $1,000,001 – $5,000,000	(I) $5,000,001 – $25,000,000	(J) $25,000,001 – $50,000,000	(K) Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income (I) None – $200	(II) $201 – $1,000	(III) $1,001 – $2,500	(IV) $2,501 – $5,000	(V) $5,001 – $15,000	(VI) $15,001 – $50,000	(VII) $50,001 – $100,000	(VIII) $100,001 – $1,000,000	(IX) $1,000,001 – $5,000,000	(X) Over $5,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Central Fidelity Bank, Roanoke VA (savings & checking)			X											X						X								
JT	First Union National Bank, Roanoke VA (checking)		X												X					X									
JT	NationsBank, Roanoke, VA (savings)		X												X				X										
	Central Fidelity BAnk, Roanoke, VA (savings)			X											X						X								
	Crestar Bank, Roanoke, VA (IRA)		X												X					X									
SP	Crestar Bank, Roanoke, VA (IRA)		X												X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX $1,000,001 - $5,000,000	X Over $5,000,000	BLOCK E Transaction P, S, E
JT	Greenwood Trust Co., Delaware (Savings acc't)		x												x				x										
	Charter Federal Savings Bank Roanoke, VA (IRA)		x												x				x										
	Connecticut Mutual Life Ins. (life ins. CSV)		x										x						x										
SP	CATS - Ser D Coupon (401k)		x												x				x										
SP	Delaware Group Delcap Fund (401k)		x										x						x										
SP	Duffs & Phelps Utilities Income (401k)		x										x								x								
SP	Guardian Park Avenue Fund (401k)			x									x						x										
SP	Hanson PLC - Sponsored ADR (401k)		x										x							x									
SP	Houston Industry Warrants (401k)		x										x							x									
SP	Kroger Co. Bonds (401k)		x												x					x									
SP	Ray Ellison Accept. Corp. NGMA (401k)		x												x					x									
SP	Walmart Stores, Inc. Note (401k)		x												x					x									
SP	Bond Fund of American (401k)		x										x							x									
SP	New Perspective Fund (401k)			x									x						x										
SP	New York Venture Fund (401k)			x									x						x										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

Page 5 of ~~10~~

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
	Janus Fund (IRA)			X									X						X										
SP	McDonald's Corp Pref stock (IRA)		X										X							X									
SP	Old Kent Financial Corp (IRA)		X										X						X										
SP	GNMA Gov't Security Fund (IRA)	X											X						X										
SP	Merrill Lynch Global Bond Fund (IRA)		X										X							X									
SP	Merrill Lynch Fund for Tomorrow (IRA)		X										X						X										
SP	Merrill Lynch Natural Resources Tr. (IRA)		X										X						X										
SP	Washington Mut. Invest. Fund (IRA)		X										X						X										
SP	Merrill Lynch Ret. Reserves (IRA)		X												X					X									
SP	Nicholas Fund (IRA)		X										X						X										
JT	American Funds Tax Exempt Bonds VA			X									X								X								
	Lanns Manus Group (22 W. Church Ave, Roanoke) partnership interest			X										X					X										
SP	Glenn, Flippin, Feldmann & Darby (stock)				X								X						X										
JT	Fund America Investors Corp Coll. Mtg. Obligation	X													X				X										
JT	Virginia Zero Coupon Bonds		X												X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
JT	Ind. Nat'l Mort. Corp. MTG passthru CTF Series 1994 U		X												X					X									
JT	American Funds Tax Exempt			X											X					X									
	A G Edwards Daily Cash Funds (IRA)		X												X				X										
	Coll. Mort. Oblig. Trust GNMA (IRA)	X													X				X										
	UTS Gov't SECS Income Fund ~~GNMA Series I (IRA)~~	X													X				X										
	Coll. Mortg. Sec. GNMA (IRA)		X												X				X										
	Templeton Foreign Fund		X										X						X										
SP	J. C. Bradford Money Mkt (401k)		X												X					X									
JT	MFS VA Municipal Bond Fund		X												X					X									
DC	Central Fidelity Bank			X											X						X								
JT	T. Rowe Price Int. Stock Mutual Fund		X										X							X									
	Investment Co of America ~~(IRA)~~		X										X							X									
SP	Seligman Communications (401k)			X									X						X										P
	Note from Bird, Kinder & Huffman			X											X							X							
SP	Sogen Int. Fund (401k)			X									X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Fed. Nat. Mtg. Assoc CMO/Series Bond (401k)			X											X						X								P
SP	(401k) UGI Corp 1st Mortgage Conds	X													X					X									S

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SCHEDULE IV — TRANSACTIONS

Name Goodlatte, Robert W. | Page 8 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
SP	GT Global Growth Fund (401k)		x		7/17/95	x									
SP	UGI Corp 1st Mortgage Conds (401k)		x		10/16/95	x									
SP	Ford Motor Co Stock (IRA)		x		7/25/95	x									
SP	Federal National Mortgage Assn (401k) SMA Series	x			12/18/95		X								
SP	Sogen, Int. (401k)	x			12/18/95		X								
SP	Seligman Comm. (401k)	x			1/17/95	X									

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Name GOODLATTE, ROBERT W. | Page 9 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Crestar Bank , Roanoke, VA	mortgage on 22 W Church ~~Ave. - partnership liab.~~ of Lanns Manus Group ~~shared with other~~ partners					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name	Goodlatte, Robert W.	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Lanns Manus Group

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1998 22-842 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

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(7)

William Franklin Goodling
(Full Name)

R D 3, P O Box 3026A
(Mailing Address)

Seven Valleys PA 17360

Daytime Telephone (202) 225-5836

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL William F. Goodling

DATE (Month/Day/Year) May 14, 1995

Name	William F. Goodling	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Pennsylvania Public School Employees' Retirement System	Teacher's Pension	$6,004
	York Suburban School District	Spouse Salary	N/A
	Christmas Tree Hill, Inc.	Spouse Salary	N/A
	Education By Thomas, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: William F. Goodling

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B											Block C							Block D										Block E
			A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP	Mega Corp. Stock				X								X							X										P
		123 Main St., Dover, Del.							X							X										X					
		1st Bank of Paducah, KY accounts					X										X						X								
JT		Farm Land - 41 A, Springfield Twp.					X											X			X										S
JT		Thoroughbred Horses (See Schedule)		X										Gross Income										X							P,S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name William F. Goodling

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Farm Land - 41 A, Springfield Twp.		X		03-01-96				X						
JT	Thoroughbred Horses (See Schedule)		X		Various	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Congressional Federal Credit Union	Notes	X									
JT	First Capitol Bank	Note		X								
JT	Village Finance	Note	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Fed. of Labor & Congress of Indus. Orgs.	2/19-2/20/95	BWI-Miami-BWI	Y	N	N	N
	Local 372 NYC Board of Education Employees	7/14/95	BWI-Albany-BWI	N	N	N	N
	Aspen Institute	8/13-8/18/95	BWI-Quebec-BWI	Y	Y	Y	N

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Goodling Thoroughbreds
1995

Interest	Type	Name of Horse	Transactions	Estimated Fair Market Value 12/31/94	12/31/95
1/3	Raised Filly	Elegant Lady		1,500	1,000
1/3	Broodmare	Droopia		1,000	1,000
1/3	Raised Colt	Topper John	Sold	2,000	–
1/3	Raised Colt	Unnamed '95		–	1,000
1/3	Share of Stud	Dover Ridge		500	500
1/3	Share of Stud	Allen's Prospect		5,333	3,000
1/4	Raised Filly	Queenia	Sold	1,500	–
Full	Broodmare	Winning Falcon		2,500	2,500
Full	Raised Filly	Unnamed '95		–	4,000
				14,333	13,000

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

William Franklin Goodling
(Full Name)

R.D. 3 P.O. Box 3026A
(Mailing Address)

Seven Valleys PA 17360

Daytime Telephone 202/225-5836

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District: 19	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties. (See 5 U.S.C. app. 6, §104)

SIGNATURE OF REPORTING INDIVIDUAL William F. Goodling

DATE (Month/Day/Year) June 13, 1996

Name	William F. Goodling	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Pennsylvania Public School Employees' Retirement System	Teacher's Pension	$6,004
	York Suburban School District	Spouse salary	n/a
	Christmas Tree Hill, Inc.	Spouse salary	n/a
	Education By Thomas, Inc.	Spouse salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William F. Goodling

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed,* list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X										X					
JT	1st Bank of Paducah, KY accounts					X									X							X							
JT	Farm Land - 41A, Springfield Twp.					X										X				X									S
JT	Thoroughbred Horses (See Schedule)			X									Gross Income										X						P,S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name: William F. Goodling

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–95		X								
JT	Farm Land - 41 A, Springfield Twp.		X		03-01-95				X						
JT	Thoroughbred Horses (See Schedule)		X		Various	X									

This page may be copied if more space is required.

Name William F. Goodling

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Congressional Federal Credit Union	Notes	X									
JT	First Capitol Bank	Note		X								
JT	Village Finance	Note	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Fed. of Labor & Congress of Indus. Orgs.	2/19-2/20/95	BWI-Miami-BWI	Y	N	N	N
	Local 372 NYC Board of Education Employees	7/14/95	BWI-Albany-BWI	N	N	N	N
	Aspen Institute	8/13-8/18/95	BWI-Quebec-BWI	Y	Y	Y	N

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Goodling Thoroughbreds
1995

Interest	Type	Name of Horse	Transactions	Estimated Fair Market Value 12/31/94	12/31/95
1/3	Raised Filly	Elegant Lady		1,500	1,000
1/3	Broodmare	Droopia		1,000	1,000
1/3	Raised Colt	Topper John	Sold	2,000	–
1/3	Raised Colt	Unnamed '95		–	1,000
1/3	Share of Stud	Dover Ridge		500	500
1/3	Share of Stud	Allen's Prospect		5,333	3,000
1/4	Raised Filly	Queenia	Sold	1,500	–
Full	Broodmare	Winning Falcon		2,500	2,500
Full	Raised Filly	Unnamed '95		–	4,000
				14,333	13,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1995

FORM A
For use by Members, officers, and employees

(3) LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Barton Jennings Gordon (Full Name)

Residence:
940 East Northfield Blvd.
Murfreesboro, TN 37130
Daytime Telephone: (202)225-4231

2201 Rayburn Building
Washington, DC 20515
(Mailing Address)

Filer Status	[X] Member of the U.S. House of Representatives — State: TN District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties (*See* 5 U.S.C. app. 6, §104).

SIGNATURE OF REPORTING INDIVIDUAL Barton J. Gordon

DATE (Month/Day/Year) 5/15/96

1452

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Barton Jennings Gordon

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP / DC / JT	Asset	A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP	Mega Corp. Stock				X								X							X									P
DC	123 Main St., Dover, Del.							X						X											X				
JT	1st Bank of Paducah, KY accounts					X									X							X							
	304 A Street, SE Washington, DC (Rental Umit)				X									X									X						
	Wright Patman Credit Union Accounts			X											X						X								
	Lindner Fund IRA			X									X						N/A										
	Wertheim Schroder & Co.			X									X									X							

Examples (SP / DC / JT)

For additional assets and unearned income, use next page.

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tobacco Institute	Feb. 16-20	Wash,DC-Montrose,Co.-Wash	Y	Y	N	N
	Nuclear Energy Institute	June 8-^	Wash,DC-Las Vegas-Wash, DC	Y	Y	N	N
	Artic Power Educational Found.	Aug. 14-22	Wash,DC-Anchorage-Wash,DC	Y	Y	N	5 days

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